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EDITORIAL COMMENT

THE PROTECTION OF THE EMBLEM OF THE RED CROSS

We wish to say a few words to our friends in the hospitals of New York State and elsewhere who have been making use of the Geneva or red cross as a means of raising funds on "tag days" and similar occasions in innocent (no doubt) but express violation of the charter rights of the American National Red Cross and of our treaty obligations as a nation.

It is probable that the hospitals are not aware that they are misusing the insignia of the Red Cross, still less that in doing so they are injuring the Red Cross itself. They have found other persons and institutions using the red cross and doubtless have thought it harmless for them to use it, especially for a purpose more or less like that of the Red Cross. When they learn that the red cross is the common symbol of all army hospital corps and auxiliary Red Cross societies which protect the sick and injured and the hospital personnel and material from attack in time of war, and that now, all over the world it has come to cover and signify this special and official kind of protection, relief and prevention of sickness and injury in war, disaster and pestilence, they will realize that it cannot be used loosely without having its usefulness seriously impaired.

Emergency relief, indeed, on the large scale which the Red Cross has to undertake in times of calamity can only be organized through long previous preparation. It is in part as a preparation for its other duties that it has embraced this year what is, perhaps, the greatest mission of all, that of combating tuberculosis, which slays its hundreds where war slays its tens. Preparation is a question of educating and rousing the people to protect themselves. It cannot be done in a minute.

Millions of dollars are needed before a tolerable condition of preparedness can be reached. The problem of stopping the terrible drain of life and power is a vital one to America and the assistance of all her children is needed, not only in the multitude of important special ways of which the hospitals are worthy examples, but in other larger general and more inclusive modes.

Only those concerned with questions of a large and general nature know how difficult it is to secure and hold the popular attention to a subject after the crisis has passed. It is particularly difficult to make our American people realize that war and disaster and pestilence are coming again and again to exact their frightful harvest of death and suffering, unless something is done to check them, and that it is infinitely more merciful (as well as sensible) to take pains for prevention than for belated relief. The need of a symbol which shall recall and summarize to the popular mind what has been done along this line and what remains to be done is plainly apparent. Its significance is what gives it its value. This is why the hospitals like to use the picturesque Geneva cross and precisely why they should not use it. Every misuse makes for confusion and the loss through confusion falls ultimately and heavily upon the people themselves, whose organization the Red Cross is.

Our national Red Cross is not, as some people imagine, a private and exclusive society. It is, instead, the whole people organized for the purpose of preventing suffering and loss of life. Everybody, man, woman, or child, may become a member and have a voice in it. It is public and official: one-third of the members of the Central Committee are appointed by the President of the United States, the finances are audited by the War Department and a report is annually made to Congress. It is linked with the Red Cross societies of forty-two other nations, whose total membership is upward of five million members.

It may be asked, perhaps, why with this important rôle, the Red Cross has not been given power to protect itself. The answer is that it has been given such power. By an act of Congress, January 5, 1905, the misuse of the red cross is made a misdemeanor, punishable by fine or imprisonment, or both. Although the Red Cross has power to prosecute, it feels it better to be merciful here, also. The abuse of the red cross is not of recent standing. Many persons and institutions are using it in innocent ignorance of the injury they are causing. Moreover, the Red Cross has not until recently made an attempt to protect its insignia. It has depended upon the loyalty of the people. Our people, however, are a busy people, engrossed to a large extent in their

own affairs, and something in the nature of a reminder seems to be needed. We beg the hospitals which have the interest almost of kinship in the Red Cross to help secure the latter in its emblem. The Department of Charities of New York City, thanks to Commissioner Hebberd, and Bellevue and Allied Hospitals of New York City have set a splendid example to the hospitals of the country by changing from the red cross to the symbol of Æsculapius, and it is already bearing fruit. Will not the members of the hospital boards, as distinguished and enlightened members of the community, do as much?

THE VALUE OF PRACTICAL EXPERIENCE

SOMETIMES nurses whose experience has been confined to large teaching hospitals find occasion to criticize the scientific value of the practical papers published in our pages. Our effort has been and still is to obtain from the women of broad practical experience in the home, papers written as a result of such experience which will be of assistance to the private duty nurse in her daily round. We want to say, however, to those of our readers whose training has been more complete, that when a paper is published which does not give in full the very latest knowledge on a subject, it should be rounded out and supplemented by further contributions from those who see where the writer's knowledge has been limited, thus carrying on the subject from month to month and adding greatly to the value of the JOURNAL as a means of graduate study.

When all has been said, we have to realize that there are limits to the variety of nursing subjects. It is a kind of occupation which repeats itself over and over, and our contributions must contain something of repetition as the years go on. To keep in touch with such changes in nursing technic as are developed through the change in medical progress, is about all there is new to be recorded, aside from the knowledge gained by practical women as a result of the experience of years.

Our contributions from women in the field of private duty have increased very greatly in number and quality during the last six months, one of the most gratifying experiences which the editorial board has to record. It is an indication of true professional growth, as the ability to produce literature is one of the recognized tests that a calling is becoming worthy of professional recognition. The criticism which we have heard made frequently, that nursing is not a profession because it has produced no literature, is rapidly being refuted by the character of

contributions from our practical workers and by the text-books which are coming more frequently from the pens of nurses.

OUTINGS

DURING the long summer days when wood and field and stream invite one to be lazy and to store up strength for the future, our thoughts dwell with compassion on the many nurses who, for some good reason or other, cannot run away from sick-room sights and sounds, but must stay at the post of duty, taking temperatures, giving medicines, handing instruments, making solutions, giving baths, while the heat oppresses them, and their chosen work almost loses its interest.

All such should seize every opportunity which offers itself for a small outing, since the larger one is denied. A walk in a park, or, if one's feet are too tired for that, an hour's rest on a park bench, watching the babies and the birds, a boat ride, a street car ride which carries one away from the city, all these give a little lift to one's spirits and a little fresh vigor for toil.

The night nurse should make a special effort to get out into the fresh air each morning before her day's sleep, so that the whole summer may not slip past her unnoticed and unknown, as sometimes happens.

The effort to preserve a happy spirit will add much to one's comfort. A chafing, rebellious mind, added to the heat and confinement, will make its owner even more miserable than she need be.

THE TUBERCULOSIS CONGRESS

GREAT interest is being shown all over the country in the congress and the special session for nurses. The latter will probably fall on the first of October, and there may even be an overflow meeting. A number of papers have been promised and some have come in, but in the uncertainty that attends programs it seems better to wait until the September issue of the JOURNAL before attempting to give the complete list of papers.

We may say once more, here, that any nurse in any part of the country who has anything useful to contribute from her own experience, need not wait to be asked to write, but may send it in with the assurance that it will be welcome.

The Committee of the Nurses' Session has added Mrs. Lystra E. Gretter, head of the Visiting Nurse Association of Detroit, to its mem-

bers. Mrs. Gretter writes with the utmost hopefulness of the anti-tuberculosis crusade in that city.

Miss Strong, chairman of the Nurses' Exhibit Committee of the International Tuberculosis Congress, is sending letters to the state associations asking that they contribute toward expenses. As it is necessary to raise at least one thousand dollars it is hoped a prompt response with enclosure will be received.

HEALTH PROGRESS IN MICHIGAN

THE State Department of Health in Michigan is one of the most active and earnest in the country and its bulletins are always valuable and interesting. The latest one, issued in May, which is the seventh on preventable diseases, gives tables showing the prevalence of nine dangerous communicable diseases during each month of this year and a comparison with the average per month during 1904–1906. From this table one can see that tuberculosis is increasing, while the other diseases reported, pneumonia, typhoid fever, diphtheria, meningitis, whooping-cough, scarlet fever, measles and smallpox are decreasing. The campaign being steadily carried on by this board to educate the people and to induce doctors to report diseases and take measures for their extermination ought to be rewarded by just such results.

INFORMATION WANTED AS TO SCHOOL-HOUSE INSPECTION

THE question of cleaning school-houses and securing adequate sanitary conditions in them, has for a long time perplexed those in a position to know of the general lack of hygienic conditions that exist in many or most of them. To this end, we are asked by a nurse on the Committee on Janitor Service in the public schools of a large eastern city to ask our readers to come forward with any practical suggestions which would help in solving this problem. The public schools in many communities are only superficially cleaned; supervision of such cleaning is not systematic, nor enforced by such people as would be likely to recognize the hygienic value of it. The janitors often have entirely too much to do, so that at best their work must be inadequate to the proper needs of the building. The question of proper cleaning of closets and lavatories, supplying fresh towels, regulation of the height of seats in closets for use by small children, and so forth, is one on which nurses, school nurses especially, might well have valuable suggestions to offer. The most glaring defects in the sanitary cleaning of school

buildings, and their greatest needs, as they strike individual observers, is what we want to elicit in the way of replies. A nurse on a tour of inspection and investigation in a hospital or factory can make good suggestions as to conditions of light, ventilation, and cleanliness, and can see many defects that a layman would not have noticed. All nurses, therefore, who have anything to say, or criticisms to offer as to methods concerning hygienic or non-hygienic conditions in the public schools, are asked to come forward freely with their remedies and suggestions, which are greatly needed in one city, and perhaps in several.

CONVENTION ECHOES AND FORECASTS

ALTHOUGH the eleventh annual convention of the Associated Alumnæ is but just over, plans for the twelfth are being pushed forward so rapidly and enthusiastically that already it begins to seem a reality.

The superintendents have generously laid aside their plan for meeting in New York and will, instead, convene in Minnesota, so we may hope for a meeting of the Federation of Nurses once more, that is, a day given to a meeting together of the Superintendents' Society and the Associated Alumnæ, the two bodies composing the Federation.

It will be a great undertaking for the Minnesota nurses to entertain two such bodies, and it is delightful to hear that Iowa is showing a sisterly feeling and is offering to help, as shown in their report on another page. One of the Iowa workers writes: "If every nurse in the United States could attend even one National Convention, we would have no more indifference. The meeting next year at the Twin Cities will do endless good for the middle west. The Iowa nurses are planning that their state convention shall meet just before the national, and that the members shall then go from Dubuque in a body, by special boat up the Mississippi."

Already North Carolina and Iowa have chosen their delegates, and now that the doors of membership have been thrown open to city and county associations, we hope that they will throng in and that our national association will become more truly representative than ever before.

THE AMERICAN HOSPITAL ASSOCIATION

WE have received the preliminary announcement of the tenth annual conference of the American Hospital Association, which is to be held at Toronto, September 22–25. An unusual number of papers written by

nurses will be presented: "The Inspection of Nurse Training Schools," by Anna L. Alline; "Some Problems of the Training School for Nursing," Adelaide Nutting; "Relation of the Training School to Hospital Efficiency," Charlotte A. Aikens; and "The Relation Between the Superintendent and the Staff," E. McL. Patton. These and others to be given by doctors or hospital superintendents, etc., promise an interesting and valuable meeting.

A NEW BUREAU TO BE OPENED

At a recent meeting of the directors of The American Journal of Nursing it was decided to open in the near future a bureau for securing institutional positions for nurses and nurses for hospital positions. This will be conducted through the office of the business manager, and suggestions are asked for from superintendents and others interested as to how it can be made most helpful. These should be addressed to Miss M. E. P. Davis, care The American Journal of Nursing, 227 South Sixth Street, Philadelphia, Pa.

THE DUTIES OF THE NURSE IN THE MANAGEMENT OF MAJOR OPERATIONS IN PRIVATE HOMES

By RICHARD R. SMITH, M.D.
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In spite of the many advantages to patient and surgeon offered by our hospitals for operative work, there are still, and probably always will be, a considerable number of operations to be performed in private homes. A well-trained, self-reliant nurse, with a moderate amount of ingenuity and an ability to accommodate herself to circumstances, can do much to render such operations successful.

The disadvantages to be met with are numerous. We must concede, however, a few advantages—notably a calmer, more contented state of the patient's mind, and quieter surroundings for convalescence. The results of operation as regards wound infection are usually excellent; at least they can be made so if matters are well managed. The greatest drawbacks are that the operation usually takes a longer time in its performance and confusion is more apt to ensue if the conditions met with are unusual or very difficult. For this reason, careful preparation must be made and the nurse should endeavor to so coöperate with the surgeon as to make the operation proceed expeditiously and without confusion. A great deal is being done nowadays in our hospitals to better the organization of our operating rooms—the same should obtain in similar work in private homes. The intelligent coöperation of operator, assistants and nurse is here perhaps more necessary than in the hospital, where there are more to assist. There are few situations where the surgeon is so dependent upon the nurse as here. His patient's safety and comfort lie largely in her hands. I each year operate upon many patients in the country. The patients are rarely visited afterward by myself and are often so far from the practitioner in charge as to make frequent visits impossible. A large amount of the responsibility rests with the nurse.

We have endeavored to divide the work of preparation in such a way as to save all possible time and yet maintain a logical technic as regards asepsis.

We will presume that the operation is to be out of the city where the nurse will practically have complete charge of the preparation. She should usually be sent to the patient the afternoon beforehand. In emergency, she may go with the surgeon. She should be told the nature

of the expected operation, the time she will probably remain on the case, the time when the surgeon is to arrive, and any exceptions to be made in the preparation. Upon leaving the train she should, if possible, see the physician in charge, get from him any needed information as to patient and surroundings, and his instructions as to feeding and cathartics. Upon her arrival at the home she should at once see her patient. A spirit of cheerfulness, kindliness and encouragement will do much to

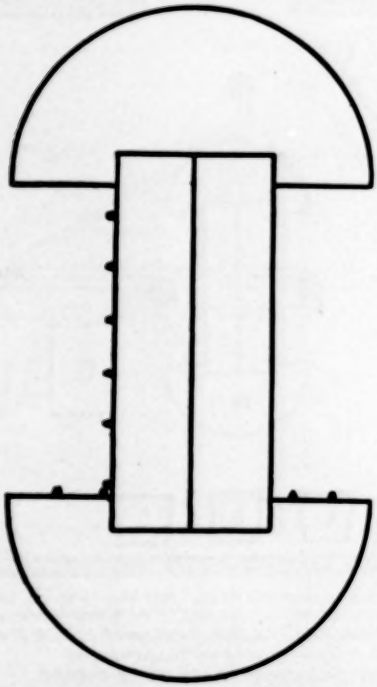

FIG. 1.—Dining-room table arranged for operating.
Two leaves removed and placed lengthwise.

make the stay of the nurse a pleasant one and is of inestimable help to the patient. As soon as she has put on her uniform she should start her chart, making note of temperature, pulse, and general condition. The same rules for keeping record obtain here as at the hospital. A sample of urine should be obtained in all cases and in ample time for examination. This should be given the practitioner on his first visit.

He may have made such examination, but it is well not to take this for granted, as such is often made only at the last moment.

Now comes the selection of a room for operation. Usually but little choice is given. It may be parlor, dining-room, or even kitchen. Good light is the first consideration. If possible, the room should have more than one window, as this helps to do away with shadows. If the operation is to be done at night, as many emergency operations are,

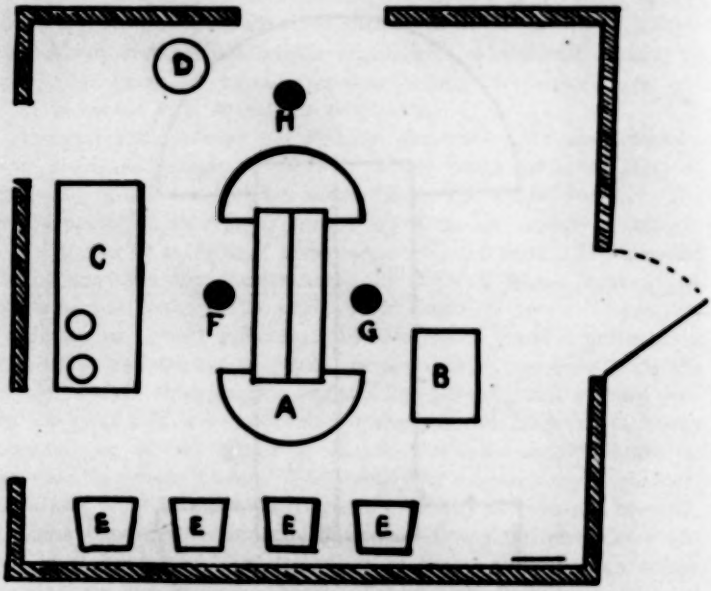

FIG. 2.—Arrangement of operating room. This will, of course, be varied according to circumstances. A, operating table; B, instrument table; C, operating material; D, anæsthetizer's materials; E, chairs; F, assistant; G, operator; H, anæsthetizer.

plenty of lamps in good condition should be procured, or one may rely on gas or electricity if at hand. On account of the uncertainty of the latter in country districts, it is well to see that one or two good lamps are at hand in case of failure. A room with light paper gives a more diffuse and better light than one more darkly tinted. One must look to it that the heating apparatus is reliable and sufficient. A temperature of from 80° to 90° F. at the time of operation is imperative. Recently we were delayed nearly two hours because the nurse had not looked after

this important item. The size of the room is of rather secondary importance—a large room is, of course, preferable, but within certain limitations a small room well lighted and heated is preferable to the large one lacking these two requisites.

There are usually plenty of friends and relatives to do the rough part of the work. An intelligent woman should, if possible, be selected to do some of the work of the unsterilized nurse of the operating room. All furniture should be removed and the walls and windows made bare.

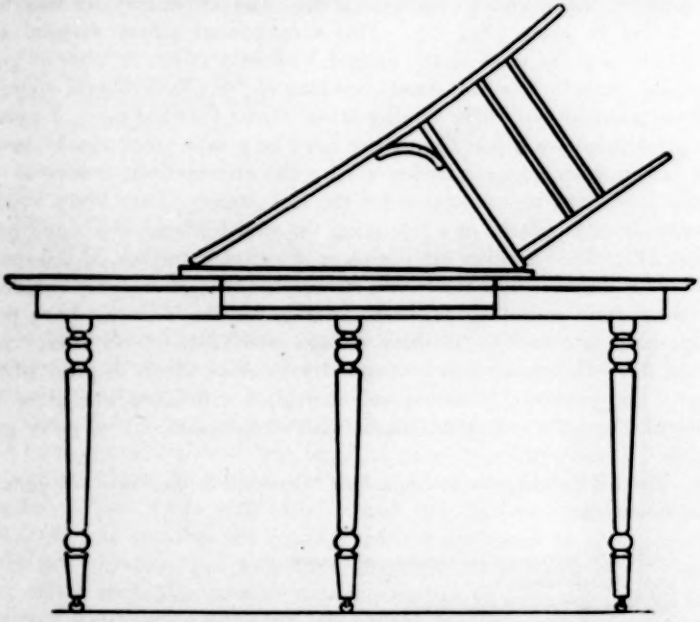

FIG. 3.—TABLE AND CHAIR ARRANGED FOR TRENDELENBURG POSITION.

The windows may, if necessary, be made opaque by rubbing over them a bar of soap well moistened in water. In most instances the carpet should be taken up, but in emergencies and occasionally under other circumstances, it may be left on the floor; for instance, if the floor underneath is in very poor condition and not to be easily cleaned. Under these circumstances clean sheets should be tacked or pinned down to the carpet so as to cover all the floor space utilized. The wall should be wiped with moist cloths on a broom to remove all dust and loose dirt. Window frames and all woodwork should be cleaned with a mild carbolic

solution (say 5 per cent.), or bichloride 1–1000. While this is being done the tables should be selected. I have never been convinced that any of the portable operating tables on the market were of any marked advantage. They are difficult to carry back and forth and in many of them strength is sacrificed to lightness. When the practitioner has a good one at his command, I have used it. Otherwise I use the family dining-room or even kitchen table. If the former, it should be made about six feet in length. Two leaves should be removed from the table and placed lengthwise between the ends. The leaves may, or may not, be nailed in place (Fig. 1). This arrangement allows surgeon and assistant to stand close to the patient without strain. A table of good size, say three by five feet, should be obtained for gowns, towels, sponges, suture material, etc. Two smaller tables placed together may, of course, be substituted for this. Then there must be a table—say two by two—for instruments, and a smaller one for the anæsthetizer's material. A chair may often be substituted for the last named. Four plain wooden chairs are to be placed in a row along the wall for wash bowls and solutions (Fig. 2). Another table may be substituted for two of the chairs to hold solutions. The tables and chairs should be thoroughly scrubbed. A stout chair with a square back, suitable for the Trendelenburg position, may be obtained if there is any possibility of its being used (Fig. 3). The chairs may be covered with clean sheets to good advantage. On occasions, in homes well furnished with linen, the nurse has covered the walls to a good height with clean sheets. This gives good light.

The kit should now be unpacked. Our full laparotomy kit contains the following:

Surgeon's instruments, needles and knives.
Four sterile sheets.
One sterile laparotomy sheet.
One sterile laparotomy towel.
Four sterile gowns.
Four packages sterile dressings.
Three packages sterile sponges (24 in each).
Two packages sterile large laparotomy sponges (6 in each).
Two packages sterile medium laparotomy sponges (6 in each).
Two bags sterile scrub sponges.
One bag sterile vaginal sponges.
One sterile abdominal pad.
Six bandages.
Suture material in abundance, including catgut, silkworm gut, silk or linen.
Iodoform packing in test tubes (sterile).
Plain packing (assorted widths) in packages or tubes (sterile).

A box of assorted sizes of drainage tubes.
Cigarette drains.
Rubber dam.
Catheter, douche points, rectal tube, razor.
One bottle bichloride tablets (large).
One bottle collodion.
One bottle carbolic acid (95 per cent.).
One bottle alcohol.
One bottle green soap.
One bottle chloroform.
One bottle (small) formaldehyde (40 per cent.) for specimen (to be diluted when used).
One can ether for anæsthesia.
One can commercial ether.
Ether and chloroform masks.
Six nail brushes.
Six basins.
Instrument pan.
Kelly pad.
Douche bag.
Gloves.
Adhesive strips.
Safety pins.

The sterilization of everything marked "sterile" is done at the hospital. Sponges are thrice counted before sterilization (and again by the nurse previous to operation).

The kit is packed in a strong telescope and, however reliable may have been the person putting it up, it is quite imperative that the nurse go over each item to see that nothing has been omitted. We have the hospital furnish a list with each kit and it is an easy matter to check this. On one occasion we found ourselves six miles in the country, ready for operation, but with no anæsthetic. It meant a delay of an hour and a half. On another occasion we had to send eight miles for curetting instruments before we could proceed. Since a full laparotomy kit includes material for almost any emergency, there is necessarily much that will not be used. These things will best be sorted out at once and put back in the telescope. No sterilized material should, of course, be opened at this time, except scrub sponges and a package of dressings.

A clean boiler should be filled two-thirds with clean water—soft water is preferable, but not imperative. In either case it should be strained through cotton if it contain sediment. A dipper with a string attached to the handle may be attached to the boiler and placed inside. The water should be boiled one-half hour. Without removing the cover, it may then be placed in the operating room out of the way and a clean

towel placed over it. It takes many hours for this to cool and it must be prepared the night before operation and not in the morning. In emergency, a large pitcher of boiled water may be cooled rapidly by placing it outside in the snow, or it may be poured from one pitcher to another (both pitchers previously boiled) and back again a number of times until sufficiently cool.

Before the patient's supper we give an ounce of castor oil, unless contraindicated. In regard to feeding, the practice varies considerably. We usually make the supper a moderately substantial one, for instance, as follows: A soft egg, or piece of steak, buttered toast, tea. At midnight a glass of milk or broth may be given if the patient is poorly nourished. We give water frequently during the evening and the morning of the operation.

Then comes the preparation of the field of operation. We prepare both vagina and abdomen in all gynæcological and abdominal cases, irrespective of the operation intended. It not infrequently happens that the operator changes his plans after a personal examination of the patient, or after the work has begun. This rule is particularly necessary outside of the hospital, although we follow it there also. If the nurse is not acquainted with the method of preparation preferred by the operator, it is well to inquire of him when engaged. When such information has not been obtained, she may make use of any of the standard procedures in which she has been trained. We use the following: The vulva is completely and carefully shaved, including the parts about the rectum. Soap and water with a moderately firm brush is lightly applied for ten minutes to the abdomen. Great care is taken not to abrade the skin. Particular care is given to the umbilicus—a pledget of gauze is useful here. All soap is then removed with water. Ether, alcohol, and bichloride (1–2000) are applied in sequence on pledgets of gauze. The abdomen is then wiped dry and covered with simple sterile gauze in abundance; over this, a well-fitting roller bandage, or a many-tailed bandage, or a binder improvised from cotton cloth. A careful fitting of this bandage deserves more care than is sometimes given it. It is not reassuring to the surgeon on examining the patient before operation to find the abdomen only half covered and exposed to the bedding and the patient's hands. The vagina is washed out gently, but thoroughly, with cotton or gauze on the finger, using plenty of soap and warm water. The vulva is treated likewise; a brush is, of course, too harsh for this purpose. A douche of plain water and one of bichloride (1–2000) follows and a clean aseptic pad is applied.

If it is a possible thing, the nurse should secure a good night's

rest before operation—the night following is, of course, apt to be a long and hard one. She should see to it that the house is made as quiet as possible at the earliest moment after the completion of the preparation. A too frequent neglect of this simple matter leads me to speak of it. If the nurse is ordinarily quick, two or three hours will suffice for this much of the preparation. It is well to allow two hours in the morning for the completion of the work previous to the arrival of the surgeon.

In the morning, the patient is first given her enema and a good movement secured. We use a simple soapsud enema for this purpose. As with the matter of the cathartic, this rule may have to be varied in certain cases, according to the instructions of the operator or practitioner. Where a bulky soapsuds enema is contraindicated, we often give two ounces of glycerin in four ounces of water, or even an ounce of glycerin alone. If, for any reason, a good result has not been secured, it should be reported to the surgeon upon his arrival.

A second boiler and a kettle of clean water should be put on to boil for half an hour. A large dish pan may be substituted, if the boiler cannot be conveniently obtained. In the boiler may be placed six basins, two wash bowls and one large pitcher. The nurse then removes the pins from the packages of gauze, gowns, towels, etc. In all serious operations it is well to have saline solution ready for intra-abdominal or subcutaneous use. This is best prepared by taking one gallon of perfectly clear water, boiling it ten minutes; a teaspoonful of salt to the pint is put in a separate dish and boiled in a small quantity of water; this is added to the water, which is kept in a boiled pitcher, covered with a towel. The nurse then scrubs her hands well for ten minutes and puts them through the solutions. Everything should be removed from the large table which is to hold this material and it should be covered with a sterilized sheet removed from the package by the nurse. A helper opens the package and the nurse removes its contents with sterilized hands. The outer covering only, of the packages containing the sponges, is removed, since they are to be counted and handled only with gloved hands. Three of the boiled basins are removed with a forceps from the boiler and placed upon the table; one for the suture material, one for the sponges, and the last for sponges after they have been used. If preferred, the suture material and sponges may be placed on towels folded so as to cover them instead of using basins. Sheets, towels, gowns, and gauze dressings are unwrapped and placed upon the table. Bottles containing solutions are best soaked in strong bichloride solution and afterward wrapped in sterile gauze. They are then placed

upon the table. The rubber gloves are wrapped in separate packages of gauze (a pair in each package) and placed in a basin ready to be boiled.

Two wash bowls are placed upon chairs, on the next chair the boiled scrub brushes, green soap and a nail cleaner. On the last chair a basin of bichloride. See that a slop basin is at hand. This can afterward be used under the operating table. A foot tub, a clean pail, or a dish pan, may any of them be used for this purpose. If the Trendelenburg is not to be used, the table is covered with a clean blanket, over which a clean sheet is placed. This completes the nurse's duties up to the time of the arrival of the surgeon.

As a rule, the surgeon examines the patient, and for this purpose requires a basin or wash bowl with a pitcher of hot water and plain soap. This had best be placed outside the operating room. If he is to remove the dressings from the patient's abdomen, an extra pair of gloves for this purpose should be at hand. As soon as the examination is completed, the nurse should at once ask the surgeon to select his instruments. Such instruments as are to be used are then put on to boil. The basin containing the gloves goes on at the same time. The knives and scissors are placed in pure carbolic, if preferred. They are washed off, at the last moment, in alcohol.

Custom varies as to whether the patient be anæsthetized in her own room or upon the table. In either case, it is, of course, necessary to see that the technic is not interfered with when she is brought in. Just before the anæsthetic is begun, the patient should be catheterized. It is best that the anæsthetizer's gown goes on at the time that he begins the anæsthetic. He prepares his own hypodermics. If the patient is anæsthetized before bringing her to the table, I usually place her at once in the Trendelenburg position if such is to be used, seeing that she is comfortably placed on a blanket and securely tied.[1] The last round of the chair should be padded. The limbs should then be wrapped in a blanket up to the pubes. The arms are best secured by fastening the hands over the chest, with the elbows resting on the table. The night dress may be doubled up over the hands and secured with safety pins in such a manner that it is impossible for the patient to bring her hands into the field of operation by any sudden move.

While the anæsthetic is being given, the surgeon and his assistant

[1] If vaginal work is to be performed, it is necessary to divide instruments, suture material, needles, sponges, gloves, gowns, into two separate parts; when completed, and before the second operation begins, these should be removed.

have been scrubbing their hands. It is necessary that the pitcher of hot water be kept ready and refilled. This can be done by a helper. After washing, the surgeons put their hands into the solutions which have been previously prepared. Any standard method may be used. We often use bichloride (1–1000) followed by alcohol poured over the hands by a helper. The assistant's gown goes on first. The nurse may tie this in back, since her hands are not at this time sterile; the surgeon, with sterile hands, ties the gown at the wrists.

When the patient is anæsthetized, or, in some cases, even before this time, the preparation of the abdomen begins. The nurse cuts the bandages and hands the operator a basin containing pledgets of gauze. The abdomen is then scrubbed, but it is well to use but very little water for this purpose, otherwise the patient lies in a slop during the operation. The bulk of the soap is removed with a sterile towel and the rest washed off with water. Then comes the ether, alcohol, and, finally, the abdomen is covered with a number of dressings soaked in bichloride. The operator washes his hands again in alcohol. The nurse scrubs her hands for the last time and goes through the solutions while the operator and his assistant place the sheets and towels about the patient. Finally, the nurse, with the assistance of the surgeon, puts on her gown and gloves. She then, for the first time, counts her sponges. The responsibility resting entirely upon the nurse, great precision in counting is, of course, required; far more so, if anything, than at the hospital. The surgeon or his assistant has arranged the instruments and the operation begins.

The nurse's duties during operation are principally to handle sponges and to supply ligature material. If she is accustomed to the surgeon's work, she may, by noting the different steps of the operation, be in constant readiness for him, and a good nurse will rarely be behind with sponges and suture material. In regard to the sponges, it is necessary that no sponges be allowed to be thrown on the floor, but all should come back to the basin that has been arranged for their disposal. We allow no small sponges in the field except on sponge holders; a forceps is attached by the nurse to the tape of each large one as it leaves her hand. If a nurse is in doubt in regard to the suture or needles needed, she should have no hesitation in asking. When the abdomen is about to be closed, she should count her sponges, and this should be done deliberately and several times in order that there be absolutely no question. It should be particularly noted that the peritoneum is entirely closed when the last count is made. A number of accidents have occurred because an already counted and fresh sponge has been used at this stage.

During the closure of the abdomen she will need considerable suture material and usually a different type of needle is used. It is annoying to the surgeon to get suture material threaded to needles unsuited to the fascia and skin.

Custom varies as to the dressing of the wound. We place three or four layers of gauze on the wound and seal the edges with collodion. Over this are placed dressings and an abdominal pad and adhesive straps. The latter are best cut in the middle, the ends folded back and then tied together with tapes. Over the dressings we put a many-tailed bandage.

While the wound is being sutured, the nurse tells the friends to prepare the bed with hot water bottles. During the operation the bed, of course, has been freshly made up and ready for the patient. The patient is then carried to the bed and wrapped with blankets, a basin and towel placed near the head in case of vomiting. The nurse takes the pulse and respiration, notes them on the chart and then sees at once that the instruments are taken care of. Unless instructed to the contrary, the nurse puts the specimen in a 4 per cent. solution of formaldehyde and returns it with the kit. The soiled towels, if there is time, are wrung out of cold water and dried, and the kit packed in an orderly manner, ready for shipment.

VISITING NURSING AS A PART OF THE TRAINING-SCHOOL CURRICULUM *

By MARGARET A. BEWLEY, R.N.

Graduate of the Presbyterian Hospital Training School for Nurses, New York City

1914 (?)

The Visiting Nursing Department of the Presbyterian Hospital in the city of New York was established over four years ago by a graduate nurse, who has the direction and supervision of the student nurses and their work in the homes.

Beginning with one student nurse under the graduate instructor, the staff was gradually increased to four student nurses,—three for the medical and surgical nursing and the fourth for the tuberculosis work.

After six months' trial the student nurses were found inadequate for the tuberculosis work because of their inexperience, and the frequent

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* Read at the Eleventh Annual Convention of the Nurses' Associated Alumnæ, San Francisco, May, 1908.

changes necessitated by their course in the school, and a graduate nurse was engaged in December, 1905, for this branch of the work.

From the very beginning "social work" was done by the instructor, among the patients in the hospital wards, and in the dispensary, and it increased to such an extent that a second graduate nurse was engaged in May, 1907, for this particular work and for the extra clerical work in the office.

Standing as we do among the first of the hospitals to offer the training in visiting nursing to the student nurse, but with no precedent as a guide in framing the technic of training, it was thought best to begin in a very small way, making it possible for each new puzzling situation to work itself out in a logical way and build up a practical working basis, evolved from the varying needs of the people, for whom, and the conditions under which, the work is carried on.

The wisdom of this method has been proved by the steady increase of the work, the educational value to the nurse, and its usefulness to the patient, the hospital and the dispensary.

The course being elective gives us the advantage of the students who declare themselves interested in this particular branch of nursing, and the majority have shown strong qualifications and special adaptability for the work.

The term of service is two months and the students are sent out during their senior year in the school.[1]

The special uniform, consisting of a dark blue gingham dress, and Cambridge gray cloth coat and hat, is supplied by the department, and each student is held responsible for what she has in use during her service.

A bag is provided for each nurse, completely equipped with the instruments, dressings and medicines that are necessary to use in the general nursing of a patient, or for the care of surgical cases, and every night before going off duty this is put in order, ready for any emergency, and the visiting list is made out for the following day. Each nurse has a special district assigned to her, also a part of the office work,—keeping of records, etc.

Daily reports of all cases are written by the nurses and posted in their respective places for the different doctors, and when the doctor is visiting the patient at home, complete bedside notes are kept there for him.

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[1] Hours of duty, 8 A.M. to 5 P.M., with one hour for luncheon. In summer, work begins at 7 A.M. with two hours at mid-day. Time is given for classes and lectures, one afternoon a week, and every third Sunday, all day.

From the patients who can pay, a fee of ten to twenty-five cents per visit is asked; some are able to pay more and gladly do so. These small amounts seldom pay for the supplies used; they are converted into what is called the Patients' Fund, and are disbursed again for flowers, fruit or suitable food for the very sick or destitute. Immediate relief is given in all destitute cases,—food, fuel, and clothing,—and milk and eggs to incipient tuberculosis cases.

There is also a loan closet supplied with linen, rubber goods, hot water bags, ice-caps, fountain syringes, and various appliances for nursing special cases in their homes, which are loaned to those too poor to buy them. These articles are returned and disinfected before being used for other patients.

Several of the physicians and surgeons who have clinics in the dispensary, through interest in special patients cared for by the visiting nurses, have come to realize the necessity that sometimes arises for a doctor's visit in the home where the patient is in no condition to come to the dispensary, and the family cannot afford to call a doctor. These men have volunteered to make occasional gratuitous visits, not only on their own patients, but on others under the care of this department, for whom it would otherwise be difficult to obtain proper medical advice. This makes the nursing work of much greater value.

The objects of the department are three-fold, for educational, not philanthropic purposes.

First. Educational for the student nurses.

Second. Coöperation with the hospital and dispensary work.

Third. Benefit to the patients from both the nursing and educational work in the homes.

First. The educational advantages to the nurse are invaluable. In the hospital where modern appliances and supplies are abundant, there is very little scope for originality; in the homes where there is practically nothing, she must of necessity improvise and economize and this is generally done with good results. Going into the homes of the destitute people and seeing and knowing them as they really are, teaches her adaptability and resourcefulness and develops the humanitarian instincts.

To a great extent she is thrown on her own responsibility, and must adapt herself to the home conditions of each family; to face exigencies met with in private nursing, and she is expected to use her own head in all emergencies, instead of appealing to someone in authority. She learns also to think of each patient as an individual as well as a case of illness, for under care at home his progress is often dependent on the financial and social condition of the family. The nurse is called upon

to keep all this in mind and frequently to make decisions in cases to be reported to the instructor, for immediate relief, medical advice, removal to hospitals, etc.

There is, undoubtedly, a stimulating effect on the mind, in doing a work so different from the routine work of the hospital, and which, naturally, develops economy, ingenuity, adaptability, sympathy, self-reliance and resourcefulness, and fits her much better for future work when the hospital course is finished.

Second. Coöperation with the hospital and dispensary work. In regard to both it may be justly said that, aside from the great life-saving factor in the work of the wards, no department has done more to bring needed relief and comfort to the unfortunate members of the community, who are unable to afford the bare necessities, to say nothing of the luxuries of an illness or convalescence at home, than this department.

Its usefulness has been many-sided. To the hospital proper it has made it possible to treat many more cases in the wards, for now patients can be discharged earlier than formerly, the subsequent minor surgical dressings and medical care being carried out in the patients' homes. It has incidentally done much to assure the community, from which the hospital draws its patients, that those concerned with its affairs are interested enough in their patients' subsequent welfare, to follow them a sufficient time after leaving the hospital, to insure their actual restoration to health, and that "discharged cured" of the old days means vastly more to the patients now, than it did before this work came into existence, when it often meant little more than "discharged alive," for nobody ever knew whether they were really cured or not, unless a patient happened to return to report.

Probably the greatest scope of this work has been found among the dispensary class of patients, for by far the larger number of people nursed in their homes have been from that service. Many of these patients have been brought back to proper condition solely by the present ability of the physicians and surgeons to have home conditions improved, so that a cure is made possible.

To those unfamiliar with the method of this work, it would be of interest to know just how this is accomplished.

A patient applies to one of the various departments of the dispensary for treatment. After a thorough history of the case is taken, a physical examination made, and the diagnosis arrived at, the patient is ordered certain medicines or not, as the case may be, and told what must be done in order to get well. Very often these instructions mean very

little to the patients, unless someone can show them how—sometimes they would be entirely unable to carry out certain procedures necessary. The physician in charge leaves written instructions for the nurse of just what is needed. The case is then visited by a member of the visiting nurses' staff, and either the instructions of the doctor are explained in detail with a demonstration to the patient, or the nurse carries out the instructions, if they are too complicated for the patient to follow alone. A report of the patient's condition and progress is then filed at the dispensary for the doctor to see, and in this way the case is helped and watched from day to day, changes made when necessary, and the patient ordered to report when needful. So, too, it can be seen that by this system many cases can be brought back to good condition, without which it would often be necessary to send a patient to the hospital, frequently a very difficult thing to manage, when, for example, that patient is a mother of a large family with small children, whom it is almost impossible to leave, with the subsequent disorganization of the household. In the days before this plan came into use, many such a case would go along from bad to worse, and finally be compelled to enter the hospital wards, with resulting great loss of time, general inconvenience and family upset; for these people seldom have anyone to whom they can turn to manage their households when in the hospital, and must rely on neighbors or children's homes to look after their affairs and children until able to do so again themselves.

Third. The benefit to the patient. The work of the visiting nurse is in the broadest sense a work of prevention and education, and the benefit to the patient and the family is sometimes great.

Frequently, on the first visit, the home is found in such a state of filth and disorder that it is almost impossible to do much nursing work, but by friendly and tactful instruction, the nurse is able to impress on the mother the rudiments of ordinary cleanliness and their bearing on the health of her family, the result in some cases being so marked that by the time a patient has recovered, the nurse herself can hardly recognize his surroundings, and through her nursing work in the home she has found opportunities of teaching the mother to care for, and take simple precautionary measures against future cases of illness.

The time spent in each household varies with the requirements of the case. The visits are long enough to do for each patient all that is necessary for his comfort and well-being as thoroughly as would be done for him by any competent trained nurse in the wards of the hospital, or in the homes of the people who are able to employ a trained nurse. We aim not to make the number of calls in a day of the greatest

importance, but rather to do thoroughly for each patient all that is required.

The greatest benefits of this system to the patients are the teaching of proper methods of living, cooking, care and feeding of children, general hygiene of the home, and the enormous advantages to the community derived from teaching cleanliness and proper care of themselves.

There is a broad field opening for the visiting nurse, and the demand for the right women is far in excess of the supply. If the visiting nurse associations and settlements are unable to secure a sufficient number of high grade nurses to carry on their work, it is time for the schools to come to their aid,—add to their curricula that instruction which will tend to direct the minds and interests of their students to this particular branch of nursing, and prepare them not only to accept the opportunity of visiting nursing, but to seek it.

During these four years, seventy nurses have had this two months' experience,—an average now of twenty a year. Eighteen of our graduates are now engaged in visiting nursing work,—fourteen in New York City and four in different parts of the country.

DAYS ON A FARM

By ANNIE DAMER, R.N.
Graduate of the Bellevue Training School for Nurses

Respectfully dedicated to the nurses who are contemplating the purchase of farms.

We, too, like the ladies of Cranford, had a strong desire to escape from the city, live on a farm, settle down, and enjoy the simple life. So we resigned our position in the big hospital, packed up our earthly possessions, and went forth to rediscover life from the viewpoint of a farm-house window.

There were a few long restful days at first, when we sat on the hillside, under the big pine tree, rejoicing in our escape from city noises and city crowds, blissfully ignorant of the delinquencies of the hired man, whose apples were still unpicked, and potatoes still in the ground, while winter was advancing with rapid strides. We may grow healthy and happy, and we may grow wise, in the country, sitting under a tree, but the work in the country somehow does not get done that way. So we sent to Washington and the State Agricultural College for bulletins of all sorts on farm subjects: "Soils and Trees," "Farm Animals," "Profits in Poultry," "Spraying for San José Scale," "Well-balanced

Rations," etc. We subscribed for all the alluring farm magazines with fascinating articles on the marvellous attainments of certain hens, fifty of whom would soon be defraying all the expenses of the place from the products of their industry. If we raised, in addition, a few Belgian hares or Angora cats, in any shed or old dry-goods box on the place, and sold them on some prominent street corner in New York, our fortunes would soon be made.

All through the long winter evenings we industriously studied farm books as eagerly as any probationer thirsting for knowledge pours over Gray's Anatomy. We compared all the brilliantly colored seed catalogues, selecting the biggest tomatoes and greenest peas, while we dreamed at night of the cool luscious melons and crisp radishes which would be ours when the summer should come, commiserating our poor sister nurses obliged to eat theirs dry and wilted from a city store. We should like to say, however, that buying from a green-grocer in the city is much easier than stooping over a garden bed for an hour or two, weeding and gathering the aforementioned crispness.

All day long we walked about the farm. We shut gates and barn doors which the man left open, we picked up the tools he scattered abroad, swept snow from the walks, and cooked mashes for the hens, thawed out frozen water pipes, churned butter, cleaned up the barn, sprayed trees, and carried water from the pond, in order that we might wash ourselves. Truly industry, patience, and perseverance, as one has said, "are inherent in the atmosphere of country life."

When we want anything that the village store does not supply we drive over to a small town, ten miles away. All the warm shawls and veils are brought out, soapstones for our feet are heated and wrapped in carpet, the harness is warmed by the kitchen fire, while the horses have an extra grooming and an early dinner, and the hired man dons his celluloid collar and most rakish hat, as the family is driving to town.

One cold day in February, with the thermometer at zero and the snow piled up in drifts along the stone walls, we started off to do our trading and to enjoy the unusual treat of a long sleigh-ride in the country. The trip over was uneventful; the snow lay deep in places, clear and white and still on the fields, here and there was a lonely farm house, with occasionally a farm dog coming out to bark a welcome, but few people were seen.

The night promised to be cold, and there would be no moon, so we hurried through our purchases and the hardware man kindly reheated our soapstones, but when we were ready, the hired man could not be found. The sights and sounds and companionship of the town had

lured him, just as they attract all of us, and it was dusk when he was found and dragged reluctantly away from the barber shop's convivial surroundings.

An hour later we were struggling through a heavy snow drift; suddenly there was a crashing, snapping sound, and our pole broke. We were over a mile from a house,—two city women, a young boy from southern Virginia, and a man unable to help us. The snow was above our waists when we stepped out, our pole was broken, and there was nothing to mend it with except a new snow shovel and a stout rope. To dig ourselves out was impossible, so it was decided to send the male element home on horseback for another sleigh, while we remained with the wreck until they should return.

It was then seven o'clock. We wrapped ourselves in the robes, enjoying the novelty of the situation, though hungry and growing cold. All that was lacking to complete a most thrilling experience was a few howling wolves.

Time went on, the night grew colder and darker, and we grew hungrier and less cheerful. Finally a light was seen on a hilltop and a cry heard: "Keep up your courage, I am bringing some coffee." The light came nearer, and with it a boy in a sleigh, holding out, not the coffee, but the top of a glass jar; the remainder of the jar and the coffee had been lost on the way.

We transferred the robes, the groceries and other purchases, and finally ourselves to the little sleigh, while our knight-errant, who could not be accommodated, mounted the horse, taking the bridle in one hand and the lighted lantern in the other.

We were still three miles from home, the way led past an old deserted church and graveyard on the slope of a steep hill, reminding us of Sleepy Hollow, not far away. Suddenly it seemed as if Ichabod Crane's pumpkin had rolled in our way, as we struck a large stone, overturned, and tumbled precipitately into a snow bank, while the groceries and hardware followed, sinking deeper and deeper as we rolled down the hill. The boy on the horse waved his lantern frantically while we struggled to our feet and tried to readjust our outfit.

After a few similar experiences, the rather weird procession reached home at ten o'clock, the whole family agreeing with Clarence, one of our boys, that "Miss McIsaac is n't in it with us."

A NEW TRAINING SCHOOL FOR NURSES

By SARAH B. TYSON

Every year we are becoming more dependent upon nurses trained to take care of the sick. The question which is being agitated all over this country is: How shall we train our nurses? Shall they be given a course of two years or three years? Shall they be required to have state registration? Shall they be paid for their services, or be asked, in return for the training which they receive, a tuition fee from the school?

The fashion of becoming a trained nurse is a thing of the past, and the young women who are going into nursing in the present day do so for one, sometimes for two, reasons, either of necessity or because they feel they want an occupation. There are still a few women, I am happy to say, who take up nursing because they feel that they can do more good in the world in this than in any other way. They feel, as did Florence Nightingale, that "it is one of the Fine Arts, I had almost said, the finest of the Fine Arts."

We wish we could persuade some of the thousands of girls who are taking up the study of art and music, and who never will accomplish anything worth the while in that line, that nursing is an art, and that with the same amount of time spent in preparation, they can fit themselves for a life of usefulness—a life where their earnest endeavor will count much more than if they devote themselves to art or music.

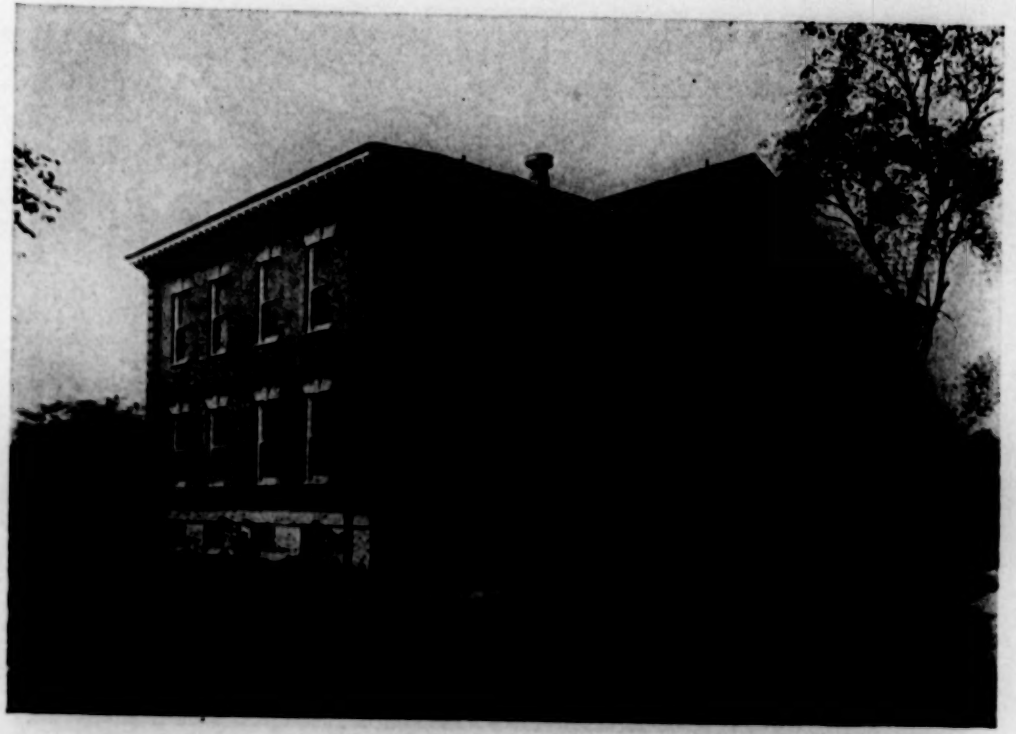
Then, too, the commercial pursuits take many of our young girls, as stenographers, typewriters, bookkeepers, clerks, librarians, telephone operators, etc. In these days many more occupations are open to women than formerly.

In taking up the profession of nursing, there have been several drawbacks, many of which, I think, can be overcome. First and foremost, there has not been sufficient pains taken in our hospitals for the comfort and well-being of our nurses. The hours are too long, the distances which a nurse has to travel over too great, there is not enough recreation and pleasure planned for the nurses, their food is apt to be poor, and their quarters far from comfortable.

In starting the new training school of the Children's Memorial Hospital in Chicago, we are trying to improve the conditions for the nurses. The first step, and perhaps the most important, is to separate, to a certain extent, the theoretical work from the practical.

After a nurse has had two months of probation in the hospital, she

CRIBSIDE OR BABIES' PAVILION



MAURICE PORTER MEMORIAL. FRONT VIEW

will have four months of academic work. Except for a little light housework in the nurses' home, she will have seven hours each day for recitation and study. There will be four hours of class work, in the morning from 10 to 12 and in the afternoon from 1 to 3, and classes in anatomy, bacteriology, chemistry, hygiene, medical ethics, physiology, solutions, and domestic science classes in cooking and food values, cleaning, sewing and the printing of hospital records.

The nurse will not have the distractions of ward duty during the academic course, but she will live in the nurses' home, have no expense for board and laundry, and will be paid five dollars a month to cover the expense of text-books, car fare, etc.

The next step in advance, as far as our particular hospital is concerned, is one relative to children. Nurses heretofore, in this part of the country, have only had a few months' training in children's diseases in the general hospitals. In the course which we plan, they will have eighteen months with babies and children, an especial course in the milk laboratory, and in visiting nurse work under the Visiting Nurse Association.

For several years past, when a baby or child has been dismissed from the hospital as convalescent, but where special attention is necessary as to diet or care, our visiting nurse has been sent, perhaps daily at first, then at longer intervals, to make sure that the doctor's instructions are carried out. As a result, 50 per cent. of the children do not return for further treatment as they formerly did.

If an especially unsanitary home is found, or conditions which should not prevail, the case is reported to the Board of Health. We have begun to work along these lines with our small hospital, which has a capacity of thirty-five beds. How much better work we can do when the new pavilions are opened! and within a few weeks our patients can be classified in the surgical, medical and babies' pavilions, where in all we will have a capacity of one hundred and five beds. In the new medical and babies' pavilions, the fine sun porches to the south are one of the special features. With the older children, the boys will be kept on one floor, the girls on the other. Each floor has its large sun porch, its diet kitchen, linen room, dining-room for the convalescent children, and nurses' supply room with its medicine closet, utensil sterilizer and blanket warmer.

In the centre of the property, consisting of four acres of land, there will be a park or playground for the convalescent children.

The nurse will be kept on duty for four months at a time in each pavilion, and the class work, after the preliminary academic course, will be arranged accordingly for the pupil nurses. Materia medica, surgical

classes, bandaging, massage, plaster work, diseases of the eye, ear and throat, infectious diseases, skin diseases, emergencies, nervous diseases, care of convalescents and kindergarten classes will all be taken up in their turn.

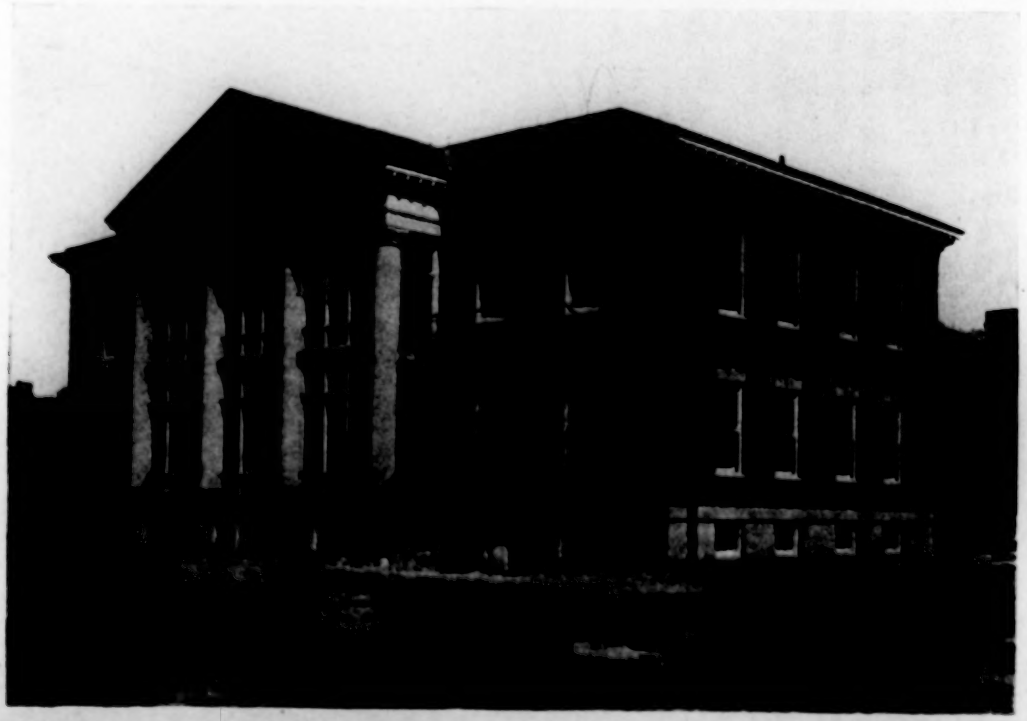
In the year of adult work at the Presbyterian Hospital, nurses will have practice in private work which they will not get at present in the Children's Hospital, and will also have maternity work, filling out the general training which our nurses should have if they desire to be able to acquire state registration.

What has the agitation in the country accomplished in regard to state registration? Personally, I feel the most important step which has been gained by it is to put more of the graduates of the different schools and states on an equal footing.

It is not right that a woman graduating from a hospital of from twelve to twenty patients, where she has spent perhaps a year or two years, should have an equal standard and salary with that of a woman who has graduated from a hospital with a capacity of from one hundred to one hundred and fifty beds, where her class work has been much more assiduous, and where she has spent at least three years. We should all do what we can to make nursing one of the noblest of women's professions. Our nurses should be treated like human beings, not like machines. Our discipline need not be lax, but there should be a spirit of helpfulness and cheerfulness, they should not feel that it is three years of drudgery and overwork. Why should there not be the same atmosphere in the nurses' home that there is in many of our girls' boarding schools and why should our nurses not look back on the years spent in training as three of the most profitable, and pleasant of their lives?

Much depends on the spirit in which a girl takes up her training, and much, too, depends upon the spirit of her principal and superior nurse. Let me repeat, that nursing should be a vocation, not an avocation. A girl should nurse because she loves it and not because she feels she must do something to earn her livelihood.

If, under these conditions, we can carry on our school, it will be successful, and as we now have gone to the eastern cities, Philadelphia, New York and Boston, for the principal of our training school and for head nurses trained especially for children, in turn from our school will emanate many fine women who will scatter over our country as superintendents, principals of training schools and head nurses for other hospitals, and private nurses for many homes.



MAURICE PORTER MEMORIAL. SOUTH EXPOSURE, SHOWING SUN PORCHES

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

(Continued from page 768)

If the two who are doing light housekeeping are meat-lovers, there will necessarily be some deprivations. Roasts are usually out of the question, as we cannot afford many left-overs, with only two to eat them up. When the soul longs for a slice of juicy roast beef, the best thing to do is to go out to a good restaurant or get invited to dinner where the housekeeping is on a larger scale.

We are hearing on all sides that we eat too much meat, and certainly in the summer we can dispense with roasts and stews to a great extent and be none the less happy and healthy, but when the meat hunger comes upon you, try some lamb chops which, this time of year, should be young and tender.

Lamb Chops. Get small rib or loin chops, and see that the butcher gives them to you. He likes, when it is convenient, to cut rib chops from the shoulder and loin chops from the leg. Trim off any superfluous fat, wipe the chop with a cloth wrung out of cold water. The broiling burner of the gas range should be lighted at least five minutes before the chops are put in, so that they may begin to cook at once. Lay the chops on the broiler, directly under the flame, turn frequently until both sides are nicely browned, then place a little farther from the flame and cook a few minutes longer. Chops should cook in eight or ten minutes. When done, sprinkle with salt.

If you have no broiling apparatus, chops can be nicely broiled in a pan on top of the stove. Have the pan very hot before putting in the chops. Turn them often until nicely browned, then cook more slowly until done. Pour off the grease as it collects in the pan, so that the chops may broil, not fry. Carefully managed, these chops are nearly as good as those genuinely broiled. They can be cooked nicely in a chafing dish, removing, of course, the hot water pan.

Salmon Soufflé. One-half cup milk, one tablespoon butter, one tablespoon flour, one-quarter teaspoon salt, few grains of pepper, one tablespoon soft, stale bread crumbs, one-half cup canned salmon, one egg. Melt butter, add flour and cook together, without browning, three minutes; add milk and bring to boiling point, making a smooth, creamy mixture. Add seasonings, bread crumbs and fish, which has been finely flaked with a fork. Stir in the yolk of the egg, thoroughly beaten, then

cut and fold in the stiffly beaten white. Put in a buttered baking dish and bake thirty-five minutes in a slow oven. Any cold cooked fish or finely chopped cold meat may be substituted for the salmon. Chicken is especially good.

Cheese is one of our good meat substitutes, so far as nutriment goes, and when properly cooked it is digestible for most people in health. Like all proteid foods, it must be cooked at a low temperature. It must also be remembered that it is concentrated food and should not be eaten in excess nor after we have had plenty of other things to eat.

Cheese Fondue. One-half cup scalded milk, one-half cup soft, stale bread crumbs, two ounces mild cheese cut in small pieces, one-half tablespoon butter, one-quarter teaspoon salt, yolk of one egg, white of one egg. Mix the first five ingredients, add the yolk of the egg which has been beaten until lemon-colored, then cut and fold in the stiffly beaten white. Turn into a buttered baking dish and bake in a slow oven until firm, about twenty minutes.

In the absence of an oven, both the salmon soufflé and the cheese fondue may be cooked over hot water. In this case they should be covered until done.

String Beans. Be sure that the beans are fresh and young. No amount of cooking will make old, coarse, wilted bean pods palatable. Wash the beans, break off the ends, removing the strings with them. Cut or break the beans into half-inch pieces, put them into plenty of boiling water and cook until perfectly tender. It will take from an hour to an hour and a half. About ten minutes before they are done, add salt. Do not drain them, but let the water evaporate. Just before serving, add butter, one tablespoon to a quart of beans.

If you have some beans left, they will make a good salad, served with French, cooked, or mayonnaise dressing. A bit of onion or sweet red pepper may be added. Or the second serving may be with a white sauce, for which you will need one-half cup of milk or cream, one tablespoon each of butter and flour, one-quarter teaspoon of salt and a few grains of pepper. Combine, and cook the butter, flour and milk exactly as in the salmon soufflé, and add the salt and pepper. Stir in the beans and heat them carefully, so that they may not scorch.

Summer Squash. The squash should be so young and tender that the finger-nail will easily cut the rind. Wash the vegetable and cut it in half-inch slices. Put it in a sauce-pan over an asbestos plate, with just a few spoonfuls of water in the pan to keep the squash from sticking. Cover, and cook in its own juices until tender. Season with salt, pepper and butter.

Peaches and melons are coming in, and may well be substituted, while they last, for desserts. Muskmelons should be firm except for a small circle opposite the stem end, which should feel tender when pressed with the thumb. Have them moderately cold, if possible, when eaten. Cut them in two, remove the seeds and sprinkle with salt.

If peaches eaten out of hand do not appeal to you, pare them, cut in halves, sprinkle with powdered sugar and pour cream over them.

Don't worry in the summer mornings if you have no appetite for breakfast. Try some thin slices of bread and butter, a bit of fruit, with a cup of coffee if you like, and leave the appetite to work up for the noonday meal. Be sure you really *taste* what you eat, and don't have too many kinds of things at once. We need variety from day to day, but we do not need many sorts of food in one meal.

THE HYGIENE OF MEDICAL CASES, PARTICULARLY IN HOSPITAL WARDS.—The *American Journal of the Medical Sciences* says of this important subject: Edsall believes that infection is communicated in hospital wards much more frequently than is usually suspected, and in medical more frequently than in surgical wards. The ordinary regulations are inadequate in two ways; (1) they consider only a few of the infections, (2) they cover only a portion of the means of conveyance. Isolation of cases is a very incomplete solution, for it can be applied to very few diseases. Infection of the food, and especially of the milk, when the milk is not pasteurized, is a matter requiring serious attention. The milk when received at the ward should be under the care of a particular nurse and protected from infection. The rest of the food within the ward must also be protected from infection. The nurses and doctors may transmit disease from one patient to another. The patient's mouth must be kept free from infection, hence it should frequently be swabbed out with cotton and a suitable solution. Ward utensils must be frequently boiled, and orderlies must be eliminated from the care of patients as much as possible. Both nurses and patients should be protected from infecting themselves or others.

LESSONS IN DIETETICS

By MARY C. WHEELER

Graduate of the Illinois Training School for Nurses and the Hospital Economics Course; Superintendent of Blessing Hospital, Quincy, Ill.

(Continued from page 772)

DIGESTIBILITY OF MILK

It might be supposed that milk, being a fluid, would only remain a short time in the stomach, and rapidly pass on into the intestine. But we have seen that milk is a fluid only outside the body; when it enters the stomach it sets into a solid clot, owing to the action upon it of rennin. The gastric juice is an acid fluid, and it is, at first sight, surprising that curdling does not take place rather than clotting. That this does not happen is no doubt to be attributed to the fact that the alkaline salts of the milk neutralize the acid first secreted by the stomach and give the rennin time to act before the mixture has attained an acid reaction at all.

After the clot of casein has formed in the stomach, it shrinks into a tough and leathery mass, which offers great resistance to the digestive efforts of the organ. Were the milk merely curdled, the particles of precipitated casein could be dissolved with comparative ease. This is one of the reasons why buttermilk and koumiss are often found to be more "digestible" than milk. It has been found that the density of the clot which milk forms in the stomach depends, on the one hand, upon the amount of casein and lime salts it contains and, on the other hand, upon the degree of acidity of the gastric juice. By reducing the proportion of these factors, the clotting of the milk can either be prevented altogether or made to take place in such a way that the clot is not of great toughness and density. Mere dilution with water lessens the proportion of lime salts and casein and will increase its digestibility. Also, lime water and barley water are used, as diluents, advantageously. Mere dilution tends to reduce the acidity of the gastric contents, and so helps to prevent retraction of the clot.

Boiled milk, although it clots more slowly and gives a less dense clot than raw milk, outside the body, must not be supposed to act differently in the stomach than the raw milk. This is a common fallacy.

The exact time that milk remains in the stomach, under ordinary circumstances, has been determined by causing a healthy man to drink

a definite quantity of milk, and then washing out the stomach at short intervals. In this way it has been found that a glass of milk has entirely left the stomach about two hours after it was swallowed, whilst a pint of milk is disposed of in about three and a half hours.

ABSORPTION OF MILK

After leaving the stomach, the digestion of milk is completed by the pancreatic juice. This juice acts very powerfully on milk, more so than the gastric juice, and therefore milk rarely escapes digestion.

Even under favorable conditions, only 90 per cent. of the available potential energy contained in milk ever reaches the blood. The rest escapes from the body as unabsorbed waste.

It is a remarkable fact that milk is much better absorbed by young children than by adults. In the case of babies, the absorption is more complete, the difference being to a large extent due to a more complete absorption of the mineral constituents, the reason for which is the greater demand for lime salts in the infant.

NUTRITIVE VALUE OF MILK

It is frequently said that milk is a perfect food. Now this is a high claim and can only be justified in the case of any food if it fulfills all of the following conditions:

1. It must contain all the nutritive constituents required by the body; proteids, fats, carbohydrates, mineral matter and water.
2. It must contain these in their proper relative proportions.
3. It must contain the total amount of nourishment required daily in a moderate compass.
4. The nutritive elements must be capable of easy absorption and yet leave a certain bulk of unabsorbed matter to act as intestinal ballast.
5. It must be obtainable at a moderate cost.

Milk only conforms to the first of the conditions above laid down. As an article of diet in disease, milk occupies a unique position. No single food is of so much value. The drawbacks to its exclusive use in health are, in sickness, of no account, or are even converted into advantages.

Among the normal symptoms exhibited by a patient on exclusive milk diet are a certain amount of drowsiness and the passage of a large quantity of urine of a pale greenish color, which gives no brownish-red ring on the addition of HNO_3. The tongue is covered with a white fur and there is often a sweetish taste in the mouth. A moderate degree of constipation is a good sign, orange colored stools being passed at intervals

of two or three days. If this symptom becomes too pronounced, a little coffee or caramel may be added to the morning's milk, or a little stewed fruit may be taken once a day. Diarrhœa is due to the use of a too rich milk.

(To be continued.)

THE DAY OF THE DOG

By FELIX J. KOCH

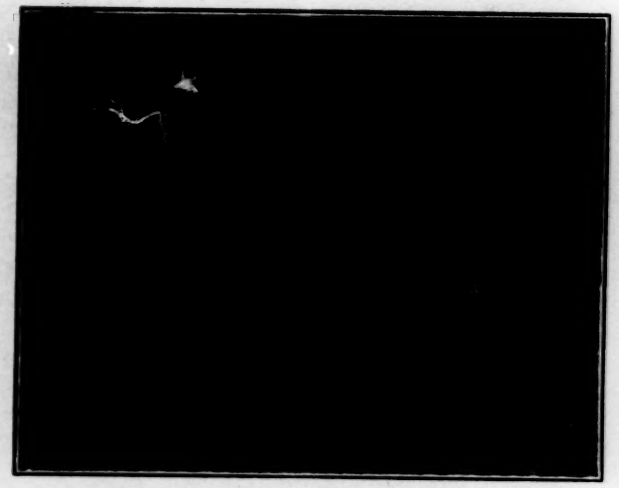
It was on the shore at Gibraltar that we met him, one splendid June morning. Hot, sweltering,—even the Moors from Tangiers were complaining.

He was an English dog, property probably of some officer's wife at the citadel on the hill. He had wandered away from Tommy Atkins, however, to mingle with the common herd on His Majesty's highway.

But, doggy had a headache and so they had fixed him up. Splendid piece of nursing, is n't it? Notice the care with which the bandage is bound about the head.

One sees these dog bandages often in the hot countries, sometimes as a preventive rather than cure, to keep the torrid sunbeams from the dog's head.

Notes on Immunity to Disease.—*The New York Medical Journal,* quoting from *The Scottish Medical and Surgical Journal,* says: Harvey and McKendrick review our vaccinotherapy. The applications are numerous. Some have been more successful than others. A tubercle vaccine—Koch's tuberculin—has been used for the cure of lupus, tuberculous glands, tuberculous sinuses, and genito-urinary tuberculosis. It has been also used in early cases of phthisis. A staphylococcus vaccine has been used for boils, acne vulgaris, sycosis, malignant endocarditis, certain cases of pyæmia, and other such affections due to this organism. A bacillus coli vaccine is useful in some cases of appendicitis, cystitis, and cholecystitis. It is quite possible that an efficient gonorrhœal vaccine may be found which will be useful in chronic cases. We may hope for a dysentery vaccine, Malta fever vaccine, and pneumococcus vaccine.



AT GIBRALTAR

NURSING IN MISSION STATIONS

WE give in full a report which has been sent us from Turkey.

REPORT OF THE ESSERY MEMORIAL ORPHANAGE, MONASTIR, TURKEY IN EUROPE

To the friends of children, who are scattered abroad, greeting!

I take it that the year permitted me to spend in the Essery Orphanage was given in fulfillment of the promise: "Neither have entered into the heart of man the things which God hath prepared for them that love Him." Although you, dear friends, may never have the personal care of these children, I hope many of you may share the blessings their prayers bring to "those far away" who care for them.

The Essery Memorial Orphanage was named for the late Rev. W. A. Essery, Honorary Secretary of the Bible Lands Missions' Aid Society of London, which gave the funds for the purchase of the building. It was opened by the Rev. L. Bond, formerly of Monastir, to meet the exigencies following the uprising of 1903, when the distributors of relief to burned villages found many children left without their natural protectors. In speaking of their flight and hiding one said: "It never rained all the four months we were in the mountains, and besides that God kept the bears away. For whoever heard of people being so long in the mountains without meeting bears or wolves?"

We have about thirty children. Let me make you acquainted with a few of them in particular, and then with all in general.

Sandry (Alexander), then a four-year-old child bereft of both parents, was sleeping around from house to house in his village when Rev. E. B. Haskell found him over four years ago. He could talk but little owing to his deafness caused by a fall into an icy stream of water. Gradually his mind is developing. He can add sums very well but must ever learn anew how to subtract. One day I found him soundly pomelling a boy, "Because he called me 'dummy'!" None of us were aware that Sandry did not know how to pray till he confided in one of the girls and begged her to teach him, saying that although every night he assumed the attitude of prayer, as the other boys do, he said no words. Not long after this he was heard to pray: "Oh Lord, forgive my sin and help me to talk more clearly." When a reward of a piaster (four

cents) was offered to each child who finished his stint of knitting before Christmas, Sandry invested one-fourth of his capital in the prettiest picture post-card which he could find with great painstaking. It proved to be for an old beggar man, "Because I pity the poor."

Of course our Christmas celebration was a great event. Well-to-do children never could be so nearly crazy with joy over making colored paper chains, popcorn strings and festoons of ivy as these children were. Rev. W. P. Clarke has been like a father to this orphanage for the past four years, sparing neither his time nor money for its welfare. From the walls of his house the children gathered ivy till no more could be reached even with the ladder.

The teachers and girls of the American Girls' Boarding School (mission) sent over two fine geese bought with money saved by going without desserts. Joy and excitement had been running higher and higher for a week, but they reached their climax about dusk of the great day. It was decided that the children themselves decorate the tree, and Mrs. W. P. Clarke loaned a box of ornaments. When that box was opened and those tinsels, shining balls, silver stars and pictured angels appeared to view emotion overswept the bonds of verbal expression. The children just hopped up and down and y-e-l-l-e-d,—Sandry the loudest of all. It was worth a year of life to be present at that moment.

But alas, it is not always sunshine here. Of late we were shocked to discover that seventeen of the children had a very dangerous and contagious disease of the eyelids. The doctor said that the granules on the lids would harden, in time, and produce blindness unless cured, and that five of the children would need operations. This was trouble indeed! Peasant children are none too accustomed to self-control, but it was made a point of prayer and honor with them now. Dear Dosta prayed: "May we behave like children from a Christian family." For an hour that child lay on the operating table and endured like a Spartan. After two of the girls had been operated on I took occasion to remark to Eli that as he was a *boy* of course I didn't know whether he could endure pain as the girls had. "Those girls were so brave and so quiet," I added. Quick as a flash the youngster replied: "Of course girls haven't the voices we have. Now when I lie down on that table I shall yell so all Monastir can hear!"

The doctor told some one afterwards that Lenie (Ellen) Ivanova took his strength for three operations. Weak and nervous from Bright's disease, she scarcely could bring herself to lie down on the table. Immediately she began to talk to her unseen Helper as if the rest of us had not been present. She reminded Him of His promises to help those in

trouble. It was a scene one could never forget. As the pain grew worse, and her power of endurance less, she was reminded to pray for strength to keep quiet and "not hinder Gospodin (Mr.) Doctor in his work." Twice the doctor himself (Orthodox Roumanian) bade her pray. When it was all over the child thanked him and begged his pardon for the trouble she had caused him.

We cannot go on indefinitely giving incidents. In this "Christian home," the children have been trained, have regularly studied the Bible, and have far higher standards of truth, honesty, and brotherliness than they possibly could have received in their own homes. Now what is to become of them and of the orphanage? A cloud of debt for running expenses hangs over us which the trustees deem a threatening Providence, and hint that it indicates—closure. Some of us think that it is only an indication to bestir ourselves. By Easter the debt will be 500 dollars (£100). The children's fare is very plain, more so than is compatible with vigorous health for all, we fear. Aside from the annual contribution of £50 (250 dollars) from the Bible Lands Missions' Aid Society the orphanage is supported entirely by money raised by private solicitation. This burden has fallen almost wholly on the members of Monastir Mission Station, in addition to all their other work. Last year one of the missionary ladies gave the forty dollars which she received in Christmas gifts from her personal friends to buy clothing for the children.

You may ask what we plan for the children's future. We hope that the Thessalonica Industrial School may eventually receive the boys and train them in trades and farming, along with some academic studies. Those of the girls who seem most promising we hope may take the course in the excellent mission girl's school of this city, and become teachers or Bible women. We aim to give all the girls a practical knowledge of housework and plain sewing. Then they at least are fitted for service in their own or other people's homes.

The greatest need of all here is for some strong woman to be permanent matron; a woman of skill in practical lines, who can train girls and nurse the sick. She should also be capable of introducing other industries besides the knitting now done. The village embroidery might be turned to account in articles which Europeans or Americans would buy, and lace making, basket weaving, etc., might be made to help support the children.

But what individual or society will be responsible for the support of such a matron, and when may we begin searching for her? Inquiries on this or any other matter connected with the orphanage may be made of Rev. W. P. Clarke, Monastir, European Turkey. If you yourself

are up to the eyes in benevolences can you not interest some friend who is only up to the neck?

Any money intended for the orphanage may be sent direct to Rev. Mr. Clarke, or to F. H. Wiggin, Esq., Treasurer of the American Board, 14 Beacon Street, Boston, Mass., with a request that it be credited Rev. W. P. Clarke for the Monastir Orphanage.

One day lately a little girl asked me: "Why don't our fathers rise from their graves and come back to us, if they are sorry for us because we are orphans?" We explained to the little maid that this isn't necessary because the great Father has enough of us left to care for her and the other orphans until they are able to care for themselves. Was I right?

MARY M. HASKELL,
Temporary Matron.

EGG POISONING.—*The Medical Record,* in a synopsis of a case reported in *The Lancet,* says: A. T. Schofield states that while egg poisoning is not rare he has been unable to find any record of cure. He reports the case of a boy of 13 years whose parents stated that he could not eat eggs in any form without poisonous symptoms. In the attacks there was first of all free secretion of saliva, the lips burned, the boy felt sick, itched, and was soon covered with an urticarial rash. He swelled all over, with puffy eyelids and lips, tight red swollen skin, and could hardly breathe from a sort of asthmatic condition. Raw egg would blister his skin. The author endeavored to remove this susceptibility and commenced his treatment by the constant administration of egg with a little calcium lactate added to stop the transudation. Pills were made containing two grains of the calcium salt and one ten-thousandth part of a raw egg. No eggs were permitted in his food and he was not allowed to know there was any egg in the pills. The egg proportion was gradually increased until in the course of six months he was able to consume an egg daily in his food, the pills being discontinued. The author says that some may think a great deal of trouble was taken to cure this idiosyncrasy, but when we remember that it was not connected with some rare food such as pineapple, which could easily be avoided, but with an article that enters into nearly all a schoolboy eats, and that his life had been more than once in danger from such food, it will be seen that the trouble taken was amply justified.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELISABETH ROBINSON SCOVIL

THE GOSPEL OF TOP MILK.—In the section on Diseases of Children at the meeting of the American Medical Association, Dr. A. Jacobi, of New York, presented this subject, in which he reviewed the process of intestinal digestion and summarized his remarks as follows: 1. Artificial feeding was never equivalent to mother's milk. 2. The alleged improvement in artificial feeding was overestimated. 3. Between mother's and cow's milk there were many differences. 4. Good results were obtained by a reduction of the fat to 2 per cent. 5. Feeding was more successfully managed by brains rather than mathematics. 6. Cane sugar was preferred to sugar of milk. 7. The cereal decoctions were increased when the baby showed a loss of weight. 8. Asses' milk was supplied when cow's and mother's milk produced unfavorable results in the child. 9. The gospel of top milk was a heresy.

THE USE OF SERUM IN SCARLET FEVER.—The *Medical Record*, in an abstract of a paper in the *British Medical Journal*, says: H. Cumpston describes the septic and toxic forms of the severer cases and his experience with a polyvalent serum. This was obtained from horses immunized against cultures of streptococci which have been isolated from various cases of scarlet fever. These streptococci have been found in some cases in the blood, in other cases in the suppurative lesions which complicate pure scarlet fever, such as ulcerated throat and middle-ear disease. No particular type of streptococcus was, therefore, exclusively employed, the object having been to obtain as many organisms from as many cases as possible, so as to include a variety of strains. Use of the serum in 37 cases gave 26 recoveries and 11 deaths. There was a marked and distinct improvement in the symptoms in all the cases which eventually recovered. In four of the cases 50 c.cm. were given intravenously. In one case rigor and high fever followed, but in general this method seemed to give better results than by subcutaneous use. There was no renal irritation noted. Urticarial rash appeared a few times. Cervical suppuration resulted in three cases. While the author is not

disposed to attach too much consequence to this single series of cases, he says that he was struck with the clinical course of many of the cases that recovered. Within forty-eight hours of the injection the temperature began to fall, became normal in another forty-eight hours, and remained normal, the cervical glands began to subside, the necrosis of the throat began to clear up, and the rhinorrhœa either ceased or lost its purulent character. Not all of the cases showed so satisfactory a course, but most did very much better than would have been expected in the ordinary way without serum injection. In one case the temperature reaction to the first dose of serum was marked, but the improvement was not sustained. It may be that there was a case of invasion by several types of streptococci, some of which the particular serum used did not affect. Observation of these 42 cases leaves the distinct impression that the injection of the "antiscarlatinal" serum in large enough doses (not less than 50 c.cm.) and early enough in the disease—that is, as soon as the onset of rhinorrhœa, swelling of cervical glands, and superadded rise of temperature, the signs of septic invasion, occurred—will produce a marked improvement in "septic" cases. In "toxic" cases little can be said in favor of the use of serum, but here some slight improvement was noticed in two cases.

FLUID DIET WITHOUT MILK IN TYPHOID.—The interesting papers on this subject by Dr. A. Seibert, Dr. C. J. Strong and Dr. Robert C. Kemp, are published in the *Medical Record*. Dr. Seibert outlines his treatment as follows:

1. If nausea were present on admission, the stomach was washed out. Then two doses of calomel, each containing two grains, were given within two hours.

2. Rectal irrigations with three pints of warm water were begun at once. In severe cases every three, in milder ones every six, and in mild cases every twelve hours. Bowel hemorrhage, appendicitis, and perforations were the only contraindications.

3. During the first day of treatment nothing but cold water was given.

4. From the second day on, one half pint of strained rice, oatmeal, or barley soup, containing the extract of half a pound of meat and the yolk of a fresh egg, well spiced, were given every three hours, five times daily. During the night cold water alone was offered.

5. During the first three days of treatment the patients were not urged to swallow all of their soup, but were persuaded to drink cold water every hour by day and by night. From the fourth day on, strained pea,

lentil, potato, and tomato soup with rice were added to the menu. The desire for more food, coming in uncomplicated cases not seldom on the fifth or sixth day, was met by giving the soups thickly made. The lower the fever and the more marked the hunger, the thicker the soup. To very hungry patients two or three zweibachs were given with their soup at the end of the first week. Orange juice was given in water three times daily. Egg albumin was not given, on account of the possibility of forming toxins.

6. Before each meal fifteen to twenty-five drops of hydrochloric acid were given in one half ounce of water.

Alcohol was given only to topers. Cold baths were *never* employed, even in hyperpyrexia. Opium was used only in bowel hemorrhage.

During complicating pneumonia sixty to one hundred and twenty drops of 20 per cent. camphorated oil were injected hypodermatically, twice daily. No other medication was used.

He reports that the results of this plan of treatment were the following:

Nausea, headache, delirium, insomnia, tympanites, and diarrhœa disappeared in most cases after two to three days, and did not recur later on.

Dr. Seibert also urges cleansing the intestine by means of rectal injections.

Dr. Strong says the facility with which bacterial activity occurs in milk should long ago have given warning of the dangerous complications almost inevitable under the conditions present in typhoid and its continued use is, to his mind, simply another instance of the tremendous influence exerted by established usage in our profession.

Dr. Kemp says:

It may be of interest to you to learn that in the new Red Cross Hospital, a small but well-equipped institution with the present capacity of about fifty beds, the following routine treatment has been established for typhoid fever: Water *ad libitum*, rectal irrigations, *no milk*, strained soups and broths, dilute HCl, orange juice, no alcohol.

Camphorated oil, strychnine, digitalis, and caffeine are used only if indicated.

Whenever the temperature reaches 102.5°F. or over, *no food* is given, only water until defervescence below this point.

This method of diet has been employed for at least ten years. Sponging, or friction baths (Brand) are allowed, but have not been found to be necessary, when the above treatment has been carried out. The method employed by the Red Cross Hospital markedly corresponds to that originated by Seibert.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

ITEMS

Miss Marie A. Tripp, one of the American nurses in Paris, has opened a refined home for young girls who are studying in Paris and whose parents wish them to be well and carefully domiciled. It is No. 15 Rue Pétrarque.

The last report of the Protestant Hospital under Dr. Hamilton's direction shows steady progress in every direction, and, highly interesting, Dr. Hamilton has established one of her nurses, Mlle. Ainary, as visiting nurse among the poor. The work was made possible by a gift from a grateful patient. So, in her eight years as superintendent, this distinguished woman has introduced modern skilled nursing into hospitals, into the army, and has started district nursing.

Three graduates of the Bordeaux schools, Mesdemoiselles Chaumont, Labadie and Teyssière, have received appointments in the military hospital Val-de-Grâce. This is an important landmark in the triumphant progress of the "Nightingale System" in France. Out of 400 applications it is supposed that about forty have passed, and only six or eight appointments will be made in the near future. The Bordeaux schools have thus been signally recognized, in placing their nurses in the three first posts.

Five hundred nurses, says the *Woman's Journal*, walked in the great Woman's Parade of June 13, in their picturesque uniforms, under the Florence Nightingale banner. The women physicians were headed by Dr. Garrett Anderson, and had a banner with the goddess Hygeia; another bearing the word "Medicine" and the figure of a serpent. The London *Daily News* said: "Even the Cockney wags were moved to respect by the long files of medical women and university graduates, and at the sight of the banner with Miss Florence Nightingale's name upon it and the phalanx of trained nurses in its rear, there were many who bared their heads."

In speaking of this demonstration, *Nursing Notes*, which, like all English nursing journals, is progressive in its opinions, says:

Nurses and midwives, whose work ought to make them peculiarly sensitive to the true inner meaning of the present struggle, should be amongst the most earnest supporters of the woman's movement, and we feel convinced that so they will be when they have grasped its importance.

The gaining of voting power is merely a first step towards enabling women to give their best help in forwarding social, moral, and economic reforms, which without their coöperation may be disastrously delayed. The history of the Midwives' Act points this moral most strongly. The introduction of that Act was a reform especially, and most vitally, affecting women and children. Yet its fulfilment was postponed by our male legislators, placed in Parliament by male voters, year after year, in a way that would have been impossible had women had voting power behind them, instead of being able only to wield that "indirect influence," so revolting to the straight-forwardly minded, but which some persons consider to be more "feminine."

* * * * * * * *

It is in order that women may use their political power for the furtherance of social improvements, more especially in connection with these special questions relating to the healthy upbringing and proper education of the children whose care is admittedly their particular sphere, that we claim for them the vote on the same terms as men.

* * * * * * * *

It is most regrettable that in this matter of the recent demonstrations pressure should have been put upon nurses belonging to institutions and associations to prevent their taking part in the processions. This is an unjustifiable interference with their liberty of personal opinion and action, in a matter bearing in no way on their work, or on their relations with their employers, and is evidence of personal bias on the part of the authorities which is greatly to be deplored.

Just too late for our July pages came the *Garde-Malade Hospitalière* with many interesting pieces of news. First and foremost, the inspiring announcement of the formation of a national council of hospital "Directrices," brings beaming smiles of joy to the faces of International Councillors. Especially gratifying is this news to all those who were in France last year. The president is Mlle. Luigi, the charming superintendent of the Civil and Military Hospital at Béziers with its training school, and the vice-president is Miss Elston, the conspicuously successful and able head of the Tondu Hospital in Bordeaux. Mlle. Nectoux, head of the Civil and Military Hospital at Albi, and Mlle. Siegrist, head of the maternity of the Department of the Gironde, two of the competent and lovely graduates of the Bordeaux schools, are treasurer and secretary. The Council was organized by Dr. Anna Hamilton, who is the honorary vice-president of the International

Council for France. All the members are superintendents of hospitals. We wish the Council all success.

THE fires of controversy are burning brightly in France, not only over "laicisation" but also over the pressure made by the Red Cross societies to place their volunteer and only partly trained workers in the military hospitals for short rotating services. Dr. Lande, who is one of the most "all-around" men in France, having an active share in many lines of men's activities and being also singularly intelligent as to women's work, has an admirable letter in the June *Garde-Malade Hospitalière* in which he shows clearly the difference between amateur efforts and trained care. He insists that Red Cross members who wish to nurse shall take a full course. Incidentally, he speaks of an interesting thing, namely, that, at his suggestion, the Association of Physicians of France undertakes to assist the widows and orphans of physicians who desire to enter the nursing profession, by making it financially possible for them to take the course, if such help is needed.

THE complimentary dinner to Miss Isla Stewart on the anniversary of her twenty-first year as a training-school superintendent was a glorious success. Mme. Alphen Salvador and M. André Mesureur came to it from Paris, and the latter presented Miss Stewart with a special medal from the *Assistance Publique* of Paris. Many bouquets were given her, and Mrs. Fenwick's speech in offering a toast to Miss Stewart as the honored guest, with her own reply to it, abounded in interesting reminiscence and anecdote. Miss Stewart's long and distinguished service to her profession, with her unswerving support of every progressive cause, however unpopular in the beginning, has been very remarkable and it is well that her friends do not wait to praise her in a later century.

THE Royal Sanitary Institute (England) has established an Examination for Women Health Visitors and Public School Nurses.

WE now feel as if we knew the nurses of far-away New Zealand, since their artistic and interesting journal lies on our table. Their state registration long since successfully under way, chiefly by the work of Mrs. Grace Neill, to whom they will ever be grateful, they regard as a means of perfecting and advancing their professional work. Organization is just beginning in New Zealand. It has been less needed in that enlightened country of universal man and woman suffrage. Now there is a Wellington Private Nurses' Association, planned to further the

interests and raise the efficiency of private nurses, secure a club-room and professional library, arrange lecture courses, establish a central directory and consider a sick benefit fund. A similar club has been started in Dunedin, and there is a Wellington District Nursing Association. We extend a cordial hand of fellowship to the New Zealand nurses, and hope to see some of them in London next summer.

OCCUPATION FOR THE INSANE.—In the *Journal of the American Medical Association* E. Cohn remarks on the value of occupation in the treatment of the insane, as well as on the difficulties in providing it, which are experienced even in well-managed institutions. He describes the method which has best served him in meeting the problem, the main feature of which is a regular systematized program for each hour of the patient's day, and including arrangements for physical exercises, graded calisthenics, ward work, mental occupation in the form of games, reading, etc., all directed according to the patient's capacity and changed daily as much as possible to secure variety. Entertainments, music and all kinds of rational out-door sports should be provided for, and every kind of special talent be utilized among patients and employees. Of course, hearty coöperation is required on the part of the attendants, but this is easily secured by proper enforcement of discipline. Attendants and nurses generally fall in readily with the arrangements as helping to render their duties less monotonous. A reasonable amount of "time off duty" should be allowed to better prepare them for their task. Attendants are liable to think amusements, etc., are to be used as rewards for good behavior, but this is a mistake; it is the irritable, restless, and depressed patients who are most in need of them, and the physician should be the judge.

A NEW HONOR FOR MISS NIGHTINGALE

WOMAN'S WORK tells us that in Hiogo, Japan, a native gentleman offered to present the portrait of some distinguished man or woman to a primary school, according to the children's own choice. George Washington headed the list, but Miss Nightingale, the only woman whose name appeared, received thirteen votes.

THE VISITING NURSE DEPARTMENT

IN CHARGE OF
HARRIET FULMER

THE VISITING NURSE AND THE PUBLIC SCHOOLS*

By JANE ADDAMS
Hull House, Chicago

I AM asked to speak for a little while upon visiting nurses in our schools. I presume as a member of the Chicago School Board I ought to keep silence, but nevertheless those of us who see a great many children, especially the children of foreign-born parents, see in the attendance of the visiting nurses one of the very best opportunities for helping the children and helping the families, as they are found in the public schools, and more than that it is a matter of public safety, and largely, too, a matter of public health that a nurse should be kept in each public school.

New York has now some seventy-five nurses, and with such representation of nurses in the public schools New York is so much in our advance. I see a nurse here this morning who has been closely identified with the work there, who can tell you more than I or anyone else what the result has been. The best of medical inspection succeeds only in sending the child home; they say that such and such a child would have a bad effect on the other children, and therefore he is sent back to the family physician for treatment. In most cases a family physician is not called in, because in the words of Artemus Ward, "There ain't none," and therefore the child is kept out indefinitely, and the public school so far as that child is concerned, is doing nothing, and the child continues to play in the alley and on the streets or sit on the doors of the tenement with the rest of them.

We made an experiment a year and a half ago, and it was really made at the visiting nurses' suggestion, taking a group of three of our public schools in the crowded district and including the parish schools in the immediate vicinity to see what might be done in the reduction of truancy, and all the children sent home were followed up by the

* Address to the Conference of Visiting Nurses, held in Chicago, April 25, 1908.

visiting nurses, and it made the greatest possible difference. The child went home and, of course, would have staid at home, but he was followed by the visiting nurse who discovered in many cases that he could be sent back in a day or two, and in many other instances where this could not be done, by watching the difficulty and treating it, in a short time they would be back in school. This is the whole idea, the medical inspection was succeeded and almost transposed by the addition of the visiting nurses. The medical inspection got the child out of school, and the visiting nurse got the child back. It seems almost foolish to have medical inspection without the visiting nurse. Not that we would abandon the medical inspection; in no sense are they rivals, and in no sense is the nurse to make a diagnosis, but one without the other is insufficient and not to be tolerated. I am sure that here in Chicago we are working towards the nurses in the schools. We had them for one halcyon ten weeks, but owing to lack of funds and political difficulties the ten weeks were all we were able to get. But I am sure New York, Baltimore and Philadelphia and other cities of the east already have some, and we hope in time that they will be cared for in Chicago.

We have laws in Illinois compelling the parent to send the child to school, the children are made to go to school whether the parents wish it or not, and to do that we have not acquired the right to leave them there without proper care. Not only the protection of the well child in the school should be thought of, but proper care of the child who is ill. It is in the light, I take it, of a public obligation, and that where we insist on each child going to school we must take care of him while he is attending.

Then I think there is another thing which might be said to you this morning. Many years ago, in the very beginning of institutions and foundling schools and orphan asylums, a number of children were gathered in poor-houses, they were never successfully cared for, and certain diseases were developed among those children which arose from the very circumstance of their being closely kept together. The great difficulty of taking care of a lot of children together has been recognized by the medical profession. Some of them even adhere when a number of children are brought together, even for the few hours daily in the public schools; there is a certain difficulty about managing a number of children together. Probably the only way to have really healthy children is to have them with their own mothers in their own comfortable homes, and I believe it is the duty of the public to minimize that danger as far as possible, to minimize it on the physical as well as the moral side. The public school teachers are trying to do their best, the community

must be represented. The school board does its duty in the teaching force, but the community as a whole comes in through the presence of the visiting nurse, and she must have that strong sense of moral obligation that should characterize every nurse, whether she is a visiting nurse or a hospital nurse, and we feel that you would do that, and we sincerely hope that every school will have its visiting nurse.

HOW TO FORM A VISITING NURSE ASSOCIATION

By MARY BEARD, R.N.
Waterbury, Conn.

EVERYWHERE people are waking up to the need of visiting nursing. Everywhere new associations are springing up fostered by women's clubs, by churches of various denominations, by individuals, sometimes by city governments. From the point of view of the visiting nurse who is facing the proposition of introducing and making popular such an association there can be no doubt that much the most satisfactory management is the individual. Let him be a practical man with a working knowledge of the town and its needs and a progressive turn of mind and the lines of the new visiting nurse have fallen in pleasant places. Perhaps it would seem so rare to find such a man that this ideal "start" will be at once dismissed as impossible; but have you ever talked with the public-minded men of your town about visiting nursing?

It is astonishing how strongly this kind of work appeals to practical men and how ready and anxious they are to help support it; so I say, first have one individual and let him be a man, for your managing director. Second, be careful not to fasten a false name on your work in the beginning. Do not have the name of *anything* connected with it—visiting nurse association is most comprehensive. It explains it well and cannot antagonize. It seems to me in looking back to our beginning that two other points are worth making. Have an office hour from the very start. Patients and doctors and townspeople all have the right to demand a time to see you and the increase in new calls quickly pays for the loss of visiting time. Charge a small fee—our highest was twenty-five cents. The importance of this is great, for many of the people you may wish to reach will not come to take advantage of the nursing unless they can do their part towards the support of the nurse.

And, finally, answer all the new calls very promptly. As soon as the doctors and their patients find that business hours and business methods are employed there are more calls and more every day. My

experience makes me feel that the start of visiting nursing is almost more delightful than anything that follows—everyone wants it so much.

[Miss Beard has made several good points in the above article, but one thing of great importance is, in starting a new association, that it should be made a community affair, if the work is to ever have a real civic importance.—EDITOR.]

ITEMS

GALESBURG, ILL., has formed a new association and desires a woman of experience to take charge.

THE Visiting Nurse Association of Los Angeles, California, has just sent out a most interesting and attractive report, a portion of which will be published in this department.

THE Visiting Nurse Association of Columbus, Ohio, has an opening for a woman of experience in district work as superintendent of nurses. For further information apply to the editor.

A COMPLETE reprint of the Visiting Nurse Conference in Chicago has been printed. For copies address the editor, Miss Harriet Fulmer, 79 Dearborn Street, Chicago. Price twenty-five cents.

FORTY-TWO letters were received by the editor of this department in reference to the request for a nurse for tuberculosis work in Honolulu. It was impossible to answer them all personally, and we take this opportunity of doing so. The position has been taken by Mrs. Deans, a woman experienced in visiting nurse work, well acquainted with the people of Hawaii and used to the climate.

MUCH good work to prevent blindness among babies is being done this summer in Washington, D. C., by the Visiting Nurses' Association. Each birth recorded at the Health Office is reported to the nurses with the address and a printed list of suggestions for the mothers as to feeding, care, etc. The nurse working in that section calls, examines the conditions, and, if there is evidence of ophthalmia neonatorum, treatment is begun. Very many of these small patients have come under the notice of the nurses, requiring extra nurses for the increased work. It is to be hoped that the good results will add one reason more why Congress should appoint school nurses who could take charge of this work during the summer.

A babies' dispensary has been opened in the southwestern section of the city and a new office for district nursing in Anacostia, D. C.

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

"OFFICIAL DIRECTORIES"

DEAR EDITOR: In view of the fact that our associations of nurses all over the country are establishing directories under their own control and are quite generally designating said directories by the term "central" directory, I would like to make the suggestion that the term "official directory" would be more appropriate, as it would mean more, and carry with it its own explanation as to its status, our nurses' county associations being always recognized as official, standing as they do as the highest exponent of the nursing body in any community.

I have heard several alumnæ directories referred to by their members as "central directories" with the explanation that because they had a fair membership and were open to all, they were therefore central directories.

I concluded it was a misnomer, and pass along the idea of a more appropriate term for our *official directories.*

We have no official directory in Los Angeles, but hope in the near future to have one established.

Fraternally yours,

M. R.

CARE OF TYPHOID EXCRETA

DEAR EDITOR: After reading "Practical Suggestions in Typhoid Nursing," May number of the JOURNAL, it seemed to me a discussion of the care of the excreta would be in order.

In regard to the disinfection, it would be interesting and valuable to have substance and methods described. Bichloride of mercury, we are warned, coagulates the albumen around the bacterium and so protects it; carbolic is slow, even when strong, and a hasty distribution of the excreta to the sewer might carry danger abroad; young and overworked nurses should be re-warned of this. Creoleum throws down a very annoying tar-like precipitate on white porcelain closets,—necessitating more hard work, when often work is hard enough.

Is there a quick and safe disinfectant practicable, that will suit the requirements of spores and plumbing and will not disable the finances of private patient or struggling hospital?

Then as to method, a young nurse might forget the necessity of quantity. A large typhoid stool needs a large amount of disinfecting fluid. The excreta, enteric and renal, should be *well submerged* in the disinfectant, and if, as often happens, constipation follows quickly after the diarrhœa, a lack of perfect *incorporation* with the disinfectant may send out into the sewer quantities of dangerous viable bacteria. Then, do we not all require stern warning with regard to flies? Of course most nurses would scorn the need of such warning relative to vessels,—but what of that little spot on sheet or robe? Who will find it first, the conscientious nurse or the indefatigable fly?

In typhoid, quite as much as in surgical nursing, the nurse stands sentry at the very frontier of the enemy's country.

L. N. I., R.N.

[We hope the suggestions given in the above letter may bring a further discussion of the subject,—the proper disposal and disinfection of excreta, not only in typhoid but in other diseases. We shall welcome short articles to be included under Practical Suggestions, or long ones for the body of the JOURNAL. Science has made great strides in knowledge along these lines during recent years, and the nurse who was trained long ago, and who is doing conscientious work, though ignorant of the latest discoveries, will welcome information from those whose opportunities have been larger than her own.—ED.]

CARE OF THE FEET

DEAR EDITOR: The article upon "The Care of the Feet" in the May number of the JOURNAL, is so practical and helpful upon the subject, that I would like to add two hints.

In trimming the nail of the toe having the ingrowing nail, as well as trimming straight across and raising the corners with cotton, the surface can be scraped in the middle from the upper edge downward, and the edges trimmed deeper in the middle than elsewhere to favor the corners growing upward.

Nurses have more trouble with their feet than any other class of women, and the trouble arises while in training, owing to the lack of knowledge in fitting shoes to feet, on the part of the nurse as well as the shoe dealer. There is nothing that requires more careful intelligence than the right fitting of shoes. Not more than one man in fifty who sells shoes can find a shoe adapted to a foot, or knows how to go about

procuring one. The matter requires as much individuality as any other in existence. Generally speaking the broad toe and flat, low heel are the best; but one must consider how much width is needed across the ball of the foot before deciding upon the last. If a good deal of width is required in that part of the shoe, a last broader in proportion at that part than elsewhere, is necessary. The part which fits the heel should not be too loose and that about the upper part of the foot snug enough to support it firmly, and should be laced; in buying, get it small enough to allow for stretching from wear. A foot with a good deal of arch at the sole requires a little higher heel than the usual low, flat heel, to bring the heel of the foot on a level with its arch. The heel for such a shoe usually requires two or three extra lifts.

A buttoned shoe and a low shoe look well, but should never be worn by a person on her feet a great deal, as they do not give support to the upper part of the foot sufficient to prevent friction across the toes and a slipping of the foot forward, thus causing corns and bunions.

The shoe should fit every part of the foot, and a last should be selected which is adapted to the individual foot. Where it is impossible to get a ready-made shoe that will exactly fit, it is almost always possible to get one made, according to measurement, by machine, at very little more cost, whereas a hand-made shoe, to order, is very expensive.

E. C. H.

AN OLD QUESTION ASKED ANEW

DEAR EDITOR: *Just what is required of the nurse in the private home?* Recently an article in the New York *Sun* attracted my attention. "A chance for a new calling, that opens a profitable field for young women; great need for working nurses who will do the little things that the trained nurse sniffs at," is the way the article is headed and which goes on to say that the regular trained nurse of to-day absolutely refuses to sweep or dust her patient's room, from the fact that she cannot do menial labor, and that if asked to perform some slight or trivial service she appears positively shocked.

Is this true? I, for one, in the great body of graduate nurses, feel that it is not, and while I do not for a minute think of us as taking the place of a servant, I do feel that we, as a body of intelligent women, have too much good *common sense* or *mother wit* to retard the recovery of our patients by allowing them to worry over little things left undone, oftentimes, which we could so easily, and without lowering our dignity in the least.

Of the many nurses with whom I am personally acquainted, I am

sure there is not one who would hesitate for an instant to clean her patient's room, not only one day but every day, if necessary.

I am now in a home where there are four cases of typhoid. There are three nurses here, but we do not clean the rooms because the people have five servants and do not want us to do so. Of course in this instance it is not necessary, but in a very great number of homes to which I am called, I do clean my room.

I was in a home last year where the mother was quite ill, and beside caring for her constantly, I dressed three little girls for school, bathing them, combing their hair and making the necessary toilet each morning; ordered the groceries and managed the house in general, there being only one servant (she was new), so there was no one else to do these little things.

I think that we as nurses try to conform to whatever conditions we meet, and as far as possible adapt ourselves to the needs of the homes in which we daily find ourselves. I believe I voice the sentiment of the nurses of "Sunny Tennessee." I would like to have the opinion of others on this question, especially from some of the New York nurses, since the article to which I refer was suggested by a woman who "conducts one of the high-class employment bureaus of West Side, New York," so the paper states.

If this really is true, is it any wonder some of the doctors do not appreciate and patronize "graduates" more fully and exclusively?

M. E.

THE SUFFRAGE QUESTION

DEAR EDITOR: Since the historic meeting in September, 1896, in the Manhatten Beach Hotel when you and a little group of women, who were very loyal to their profession and the cause of women generally, met, to bring the Nurses' Associated Alumnæ into being, I have never been disappointed in the actions of that body, of which you and I are charter members, until this year, when I read, with humiliation, I must frankly say, that a negative vote "by a large majority" was recorded at San Francisco against the reasonable and temperately expressed suffrage resolution offered to it!

It was a shock, because, though I know many nurses have never given the subject a thought, yet I believed that they might always be depended upon, in their associations, to take instinctively the intelligent and above all the sympathetic position on large human questions. I am far from thinking that nurses have time or strength for work outside of their own field, and do not expect to see them actively engaged in

the equality movement, but to give moral support and endorsement takes no time; to feel intelligent sympathy costs no money.

There are no reasons against political equality for women except selfish ones, and every good reason for it. May I run over a few of them? First, the patriotic reason: to deny the sacred duty of citizenship is to deny the foundation principle on which our democracy is built. As for the practical common sense reasons, they are on every hand. To help bring about more just and equal opportunities and equal pay for self-supporting women; to aid in the great child-saving crusade against the horrors of child labor; to carry good home-making and sanitary housekeeping into our city governments,—why I could not count all the reasons, but let me come down to concrete instances. A couple of years ago the Associated Alumnæ passed a resolution endorsing the Pure Food Law. That was quite right, but now they reject a woman-suffrage resolution, although, if the housekeepers of the nation had had votes, we could have had a Pure Food Law twenty years ago.

Next, our state societies have all responded warmly to Mrs. Crane's almshouse propaganda. Again good, but look here! what's the matter with our almshouses? Men's control everywhere and no women with any authority to see that they are managed humanely. If women had votes, even municipal ones, as they have in England, we might get women on as overseers of the poor, where they ought to be. I have just had very interesting light on a large almshouse, where an excellent woman is matron. She has no authority at all, and told a lady of my acquaintance that she and the physician appealed over and over again to the county supervisors for *necessary* comforts and improvements for the poor and the sick, "but," she says, "they are not interested; they do not care, and they do not listen." How foolish for us to take up an almshouse propaganda and yet reject the belief that women should vote!

Again, our nurses are becoming keenly interested in the tuberculosis propaganda, and this is well and right. But of all things in the world the tuberculosis question is a social question and the causes of tuberculosis (outside of the bacillus) are social causes which need the ballot for their changing, such as bad housing, overwork, underpay, neglect of childhood, etc. Take the present question of the underfed school children in New York. How many of them will have tuberculosis? If mothers and nurses had votes there might be school lunches for all those children and, as often suggested, teaching could accompany the cooking and serving.

I hope that at a future meeting our members will reconsider their hasty snapshot verdict.

L. L. Dock.

MISSIONARY WORK SUGGESTED

DEAR EDITOR: I would like to suggest to the nurse signing herself "Subscriber" in the June magazine that she try a little missionary work. If those other seven nurses are enough interested in our JOURNAL to care to read it, I think perhaps with a little kind preaching on the subject, they might be induced to subscribe for at least three more copies, which would give one journal to each two nurses. Kindly send their names and address to the JOURNAL and sample copies will be forwarded to them.

THERESA ERICKSEN, R.N.

AËRIAL THERAPEUTICS.—The *Maryland Medical Journal* says: When the preliminary era of aërial racing ships shall have worn itself out and the plain people get their innings, will come the age of aërial therapeutics. Then each farmhouse will be on the seashore and each city a seaport. Not far above each dwelling lie wastes of upper air, dust-free, germless, ozonized, ever cool and refreshing. A moment launched, then away, safely, swiftly, with hill and valley gliding beneath, until the evening falls and the lights from the shadow-land below warn of coming night.

If the heavier-than-air, self-balancing airship is attained, these therapeutic dreams will certainly come true, adding greatly to our facilities for curing diseases of debility. Every new era was somebody's dream, scorned of practical men. The brightest minds of science and mechanics are now dreaming dreams of the upper air.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

CHANGE OF MEETING PLACE

THE New York County Society will hold its meetings the coming year in Room 39 of the Academy of Medicine, New York City.

ADA B. STEWART, Secretary.

UNCLAIMED LETTERS

LETTERS for the following nurses, sent to San Francisco, will be forwarded if addresses are sent to Secretary of San Francisco County Nurses' Association, 4 Steiner Street, San Francisco.

Three for Miss Ellen Kershaw, three for Miss Anna Brennan, one each for Miss Katherine Furbee, Miss Emily Burns, and Miss Alice D. Hill.

STATE MEETINGS

THE Iowa state examination for nurses was held July 28 and 29 at the office of the Secretary of the State Board of Health. A number of applicants took this examination.

IOWA.—The fifth annual meeting of the Iowa State Association of Registered Nurses met at Sioux City in June, at which time the following business was transacted:

The election of officers for the ensuing year resulted as follows: president, Jane Garrod, Davenport; first vice-president, Anna Goodale, Cedar Rapids; second vice-president, Abbie Tabor, Sioux City; recording secretary, Mrs. Ida C. Neff, Waterloo; corresponding secretary, Wilhelmina Blim, Waterloo; treasurer, Anna Killeen, Dubuque; auditor, Blanche Bowker, Ottumwa.

Mrs. Ida C. Neff was appointed as delegate to the next national convention, with Miss Jane Garrod as alternate.

Owing to the passage of the registration law in this state, the name of the association was changed from the "Iowa State Association of Graduate Nurses" to the "Iowa State Association of Registered Nurses."

Miss Luella Bristol, of Des Moines, delegate to the national convention at San Francisco, gave a very interesting and instructive report of that meeting.

It was recommended that a state inspector of training schools be appointed.

A resolution was adopted that the Iowa State Association of Registered Nurses offer their assistance to the Minnesota nurses in entertaining the visiting delegates at the next national convention to be held in Minneapolis in 1909.

The convention was a very enthusiastic one and the attendance was more than double the number of any previous meeting.

Respectfully submitted,

IDA C. NEFF,
Recording Secretary.

KENTUCKY.—The second annual meeting of the Kentucky State Association of Graduate Nurses was held June 9, 10, and 11 at the Woman's Club, Louisville. The sessions were well attended and much interest was shown. Officers were elected as follows: president, L. A. Wilson, superintendent Children's Free Hospital, Louisville; first vice-president, Marie Lustnauer; second vice-president, S. E. Dock; recording secretary, Lulu Evans; corresponding secretary, Viola J. Bines; treasurer, Mrs. J. J. Telford. Committees: Ways and Means, Louise Mensinger; Credentials, Edith Bush; Nominating, Katharine Arnold; Press and Publication, Patty McPherson.

The program presented was:

Tuesday afternoon: Invocation; address of welcome by the Mayor of Louisville; response by Mrs. Thompson; addresses by Dr. John G. Cecil, president of the State Medical Association, and Mrs. Charles P. Weaver.

Tuesday evening: Reception given by the Jefferson County Graduate Nurses' Club.

Wednesday morning: Business; reports; president's address; paper, "Duty of Nurses to State and Local Associations," by Margaret Blair.

Wednesday afternoon: Papers, "Course in Hospital Economics," by Laura A. Wilson; "Juvenile Court Work," by Dr. Winnifred Green; "Anti-tuberculosis Campaign," by Anna G. Murphy.

Wednesday evening: Entertainment at Fontaine Ferry by the alumnæ associations of Louisville.

Thursday morning: Business, reports and election.

PATTY MCPHERSON,
Chairman Publication and Press Committee.

NORTH CAROLINA.—At the Southern Conservatory of Music, Durham, on June 17, was held the opening session of the sixth annual meeting of the North Carolina State Nurses' Association. Mr. G. W. Bryant presided, and the meeting was opened with prayer by Rev. E. R. Leyburn. The program consisted of addresses of welcome, the president's annual address, music and a paper by Professor A. H. Merritt of Trinity College. Dr. Cheatham's address of welcome on behalf of the medical profession was brief and cordial. Judge Winston paid a high tribute to the trained nurse when he spoke of her as the distinguishing feature of our age. The president, Miss Pfohl, reviewed the work of the association and its ambitions for yet better work in uplifting professional standards and thus being able to give better and more efficient service. In this connection she spoke of the preparatory course for nurses that it is hoped can be established at the State Normal College at Greensboro, and towards which the association has been working during the year. She mentioned as an interesting fact that the North Carolina association was the first to get a bill passed providing for registration of nurses. The paper on "Hospitals and Nursing

among the Ancient Greeks" showed research and was interesting and instructive.

On Thursday morning at 9 o'clock, the board of directors met and discussed plans of work for the year. The first business session was called to order at 11 A.M. by the president, Miss Pfohl, and an opening prayer was offered by Rev. C. J. Thompson. About fifty nurses were present during the meeting. When all members had registered and paid dues, the regular business was taken up. Minutes of the last meeting were read and approved, also the secretary's report. It was a matter of regret to the association that the treasurer, Miss Evans, was detained at home by illness. Her report was read by Mrs. Nunnally, secretary pro tem. Committees were appointed. An entertaining and instructive paper was read on "A Visit to a Pill Factory," by Miss M. L. Wyche, which told of taking a peep at pill making in the laboratory of Parke, Davis & Co. of Detroit.

Following this paper was a "Report on Almshouse Nursing in North Carolina," by Miss May Williams, chairman of the Committee on Almshouse Nursing. This report was read by Mrs. Pratt, delegate from Charlotte Local Association. A discussion followed. Dr. Arch Cheatham was present and gave a short talk on the work, especially of the conditions existing in Durham County. This ended the morning session.

In the afternoon new members were elected to the board of directors to fill expired terms. The board of directors for 1908 is as follows: president, Constance E. Pfohl, Winston-Salem; first vice-president, Maria P. Allen, Morganton; second vice-president, Ann Fergerson, Statesville; treasurer, Lillie H. Cowan, Durham; secretary, Mary Sheetz, Winston-Salem; chairman Membership Committee, Ella MacNichols; Mary L. Wyche.

Reports were next in order. First came those from local societies, that from Charlotte being particularly good. That from Raleigh spoke of the existence of a sick loan fund which was creditable. The president of the Board of Examiners reported that thirty-two nurses had taken the state board examination, a good number of these being recent graduates.

After reports of committees and some unfinished business, came "Ethics of Nursing," an excellent paper, prepared by Miss MacNichols of Charlotte.

The third business session was opened at 9 A.M. by prayer by Dr. A. G. Adam of Trinity Methodist Church. Before taking up the work of the morning, the association had the pleasure of listening to a practical and interesting paper on "Tuberculosis," by Dr. T. A. Mann.

In the absence of Mrs. Nunnally, Miss Wyche read her paper on "Hospitals and Training Schools of North Carolina" and much information of a helpful nature was obtained. The morning was largely taken up by discussions, especially as to the means of securing the proposed preparatory course for nurses at the State Normal College, Greensboro. Letters were read from superintendents of hospitals and others on the subject, and a motion was adopted by the association that a second attempt be made to secure an expression from superintendents of training schools on the subject, and to learn what support they would give such a course.

Thirty-nine new members were elected. The association voted a sum of money to be set aside for the endowment fund of Teacher's College (Hospital Economics Course). Miss Wyche was appointed delegate to represent North Carolina State Nurses' Association at the next meeting of the Associated Alumnæ.

A committee was appointed to express publicly the thanks of the nurses for the hospitality of the Durham people in entertaining nurses in their homes and providing many pleasant amusements, after which the association adjourned. The place of the next meeting was brought up for discussion and will be decided later by the directors. Social features of entertainment for the nurses were: a trolley ride over the city; refreshments at Lakewood Park by the Ladies' Board of Visitors of Watts Hospital; a theatre party by Durham druggists; an automobile trip to Chapel Hill, State University, with an elaborate supper served at that place by the kindness of Mr. Geo. Watts, Durham's benefactor in that he has given to the city a fine new hospital now in course of erection. The hospital is to cost a quarter of a million dollars. The physicians of Durham gave a reception to the association on Friday evening.

MARY SHEETZ, R.N.,
Secretary.

INDIANA.—The annual meeting of the Indiana State Board of Registration and Examination of Nurses was held in Indianapolis, July 2, at the State Capitol.

The officers of the examining board were reëlected, Mrs. Isabella Gerhart, R.N., president, Indianapolis; Miss Edna Humphrey, R.N., secretary and treasurer, Crawfordsville; Miss Lizzie M. Cox, R.N., Elizabethtown, was reappointed training-school inspector.

EDNA HUMPHREY, Secretary.

REGULAR MEETINGS

BALTIMORE, MD.—The annual meeting and reunion of the Baltimore City Hospital Alumnæ Association was held on June 24 at 4 P.M. at the hospital. At a previous meeting a subscription for a sick benefit fund had been started, reports from which were most encouraging. This method was selected to save the trouble of holding a bazaar. A donation was made to the Hospital Economics Course. The following applicants were proposed for membership; Pilar Cabrera, of Cuba, and Selma Gibson, of Maryland.

Officers were elected for the coming year: president, Eleanor Parker, 825 North Fulton Avenue, Baltimore; vice-president, Sadie A. Rowe; corresponding secretary, Johanna Tuve, Subbrooke Park, Md.; recording secretary, Sister M. Nolasco; treasurer, Mrs. May Clare Nicholls; disbursing treasurer, Sister M. Alexius. A resolution was passed expressing appreciation of the services of the retiring president, Sara Ward. At a tea following the meeting the sisters in charge of the hospital entertained the members.

CINCINNATI, O.—The Jewish Hospital Alumnæ Association has just issued its program for next year's work. It is attractively gotten up in the form of a booklet, printed in the association's colors, green and white, with names of officers, subjects for the different meetings, a list of the members, and a copy of the constitution and by-laws. Interesting quotations are interspersed. The order of exercises at each meeting seems to be a "response," a paper and a reading. Probably the response is to the roll-call; that for November is given as "Summer Memories," all the other responses call for quotations. This might

be a good way for other associations to get each member to take part in the meeting. The papers for the year are to be: "What is a Trained Nurse?" "The Uses and Abuses of the Uniform;" "Need of the Alumnæ Association;" "Relation of the Graduate to her School, Fellow Nurses and the Public;" "Problems of Private Nursing;" "District Nursing;" "Institutional Work;" "Results of Work at the Pure Milk Station;" and a five minute talk by each member on the year's work. Some of the subjects of the readings are: Martin Chuzzlewit, Chapter 49; Excerpts, Ambroise Pare; Selections, AMERICAN JOURNAL OF NURSING; Foreign Hospitals, and selections in general.

The program would be still more useful for reference if it contained the addresses of the president, corresponding secretary, and treasurer.

NEW YORK, N. Y.—At the annual meeting of the Metropolitan Alumnæ Association, on May 18, the following officers were elected for the coming year: president, Caroline MacDevitt; first vice-president, Katherine Dillon; second vice-president, Anna B. Burns; treasurer, Edith Cavalli; secretary, Helene D. Bengtson.

NEW YORK, N. Y.—On May 15, the Alumnæ Association of the Presbyterian Hospital School of Nursing entertained the graduating class at Florence Nightingale Hall, from four till seven. While the orchestra played, the guests danced or talked in cozy corners. Refreshments were served from attractively set tables, and the tea was pronounced one of the most successful given.

DAYTON, OHIO.—The last monthly meeting for the summer of the Graduate Nurses' Association of Dayton and vicinity was held June 17 in the nurses' home of the Miami Valley Hospital. After the reading of a paper on "Current Events," by Anna Nichtern, the officers elected at the last meeting were installed: president, Ella P. Crandall; first vice-president, Mary Kemp; second vice-president, Anna Nichtern; secretary, Freda Gaiser; corresponding secretary, Crete M. Zorn; treasurer, Mary Christy; councillors, Ida Boyce, and Nina Weith.

The next meeting will be held the third Wednesday in October.

PATERSON, N. J.—At the annual meeting of St. Joseph's Hospital Training School Alumnæ Association, the following officers were elected: president, Margaret Dwyer; first vice-president, A. E. Madden; second vice-president, K. Piusonneault; secretary and treasurer, Mrs. H. F. Reid; chairman Board of Trustees, Miss I. MacDonald. After the meeting the members attended the graduation exercises of the class of 1908 and were the guests of Sister Mary Clare at a banquet tendered the graduates. The dining hall was beautifully decorated and all present had a most enjoyable time.

PHILADELPHIA, PA.—The fifth annual meeting of the Nurses' Alumnæ Association was held at the Jewish Maternity Hospital, April 29, when the following officers were elected for the ensuing year: president, Betty Chodowski; first vice-president, Mrs. J. Rabinowitch; second vice-president, Mrs. J. Shapirio;

secretary, Mrs. F. W. Simon; assistant secretary, Miss Stimmel; treasurer, Mrs. S. Belle Cohn.

The alumnæ has had a very successful year, and has presented the hospital with one hundred dollars towards furnishing the new nurses' dormitory. The entire graduating class of this year has joined the association.

At the commencement exercises of the thirteenth class the alumnæ gold medal was won by Catherine O'Brien and honorable mention was given Gertrude Rosenthal.

The "Loucheim" prize for best practical work was won by Rebecca Rothstein.

ST. PAUL, MINNESOTA.—The Ramsey County Graduate Nurses' Association held its regular monthly meeting at the nurses' home, 35 Aurora Avenue. There was an attendance of twenty-five members. A committee was appointed to confer with the Ramsey County Medical Society to discuss and form plans to meet the problem of nursing in the families of moderate means. The announcement of hourly work being taken up by Grace N. Robinson was made. This will put three graduate nurses of experience in this work; Miss Swan and Miss Forbes being the others. A report of the San Francisco convention was given by the delegates, Miss Holmes and Miss Bedford, which was extremely interesting and enjoyed by all. Miss Jameison was welcomed back; she has been in Chicago connected with the tuberculosis work under Mr. Wilson for the past two months. It is hoped that she will take charge of the summer camp for tubercular patients in this city—which is ideally located on the river bank.

ROCKFORD, ILL.—The alumnæ of the Rockford Training School held their annual banquet on the evening of May 29 at which the graduates were the guests of honor. The business meeting of the association followed the banquet, at which the following officers were elected: president, Nellie S. Hanford; vice-president, Ida S. Culhane; secretary, Nellie Y. Stocking; treasurer, Hetty M. VanEppe.

SCRANTON, PA.—The annual meeting of the Alumnæ Association of the Moses Taylor Hospital Training School for Nurses was held May 16 at the nurses' home.

PERSONALS

MISS REBA TAYLOR, resident nurse at the Mt. Vernon Seminary, goes to Wilmington, Delaware, for a vacation.

MISS HAZEL ANTHONY, class of 1907, Lakeside Hospital, Chicago, has resigned her hospital position at Paris, Ill.

MISS ANN J. JONES, of Des Moines, Iowa, will on August 1 become assistant to Miss Helen Balcum of Finley Hospital, Dubuque, Iowa.

MISS LILY KANELY, president of the District Nurses' Association, Washington, D. C., has returned from a two months' stay in Paris.

Miss Anna L. McCoy, member of the Nurses' Alumnæ Association of the Jewish Hospital, Philadelphia, sailed on June 20 for a two months' tour of Europe.

Miss Blanch M. Truesdall has been appointed superintendent of Cottage Hospital, Portsmouth, N. H. Miss Truesdall is a graduate of the Margaret Pillsbury Hospital Training School, Concord, N. H.

Miss McWhorter, who is in charge of Dr. H. D. Fry's Sanitarium, Washington, D. C., has gone to her home in Mobile, Alabama, to remain until October. Miss Daucherty, of the National Homeopathic, has charge during her absence.

Miss Alice B. Slaughter, of Ottumwa, Iowa, has taken charge of the Eleanor Moore Memorial Hospital, Boone, Iowa. This hospital has received another fund from Mr. Moore and will soon erect a large wing, thereby increasing its capacity materially.

Miss Marion B. Dibblee has resigned her position as superintendent of Melrose Hospital, Melrose, Massachusetts, to take effect August 1. The management is sorry to part with her, as the work has been very prosperous under her administration. The vacancy has not yet been filled.

Miss Alice C. Beatle, a graduate of the Illinois Training School for Nurses, who has been superintendent of nurses at the Homeopathic Hospital in connection with the University of Iowa at Iowa City for several years, has resigned her position and will take up private nursing in Cleveland.

Miss Lucy F. Ryder, R.N., a graduate of the Presbyterian Hospital, New York City, has opened a wholesome home-like boarding place at 151 East 81st Street, where permanent or transient guests will be received, with or without board. This should prove an attraction to out-of-town nurses who do not know where to find a place to stay while in the city.

Miss R. Inde Albaugh has resigned her position as superintendent of Grace Hospital, New Haven, Connecticut, and intends taking a much needed rest; she is spending the summer on Skiff Mountain in Kent, Conn. Miss Albaugh held the above position for seven years, and has temporarily retired from institutional work to rest, and to devote some time to the study of special lines of institutional work.

Dr. Laura H. Carnell, dean of Temple University faculty, has sailed for a visit of several weeks to the principal educational centres of Europe. She is accompanied by Mrs. Wilmer Krusen, a member of the Temple University Training School Auxiliary.

One of their principal missions will be the study of hospital work with a view to applying the latest ideas in this line to the work of Temple University. Miss Carnell will take the summer course at Cambridge.

The resignation of Miss Victoria White, who for the past seventeen years has been superintendent of St. Luke's Hospital, South Bethlehem, Pa., and also principal of nurses of that training school, went into effect on June 15. Miss White is greatly missed by all those connected with the institution as well as by all her friends in the community, but especially by the nurses—who have

benefited so largely by those years of constant and faithful work in the building up and advancement of the school.

The alumnæ society was founded by Miss White and of the one hundred and twelve graduates of the training school, all but fourteen were under her supervision and feel that in her going from St. Luke's, they have met a personal loss.

Miss White has gone to Pittsburgh for an indefinite rest and later will travel. She carries with her wherever she goes the love and best wishes of her alumnæ association.

BIRTHS

On May 24, at Paterson, New Jersey, a son to Mrs. A. F. MacBride, formerly Miss K. Galvin, class of 1899, St. Joseph's Hospital, Paterson.

MARRIAGES

On April 22, at Boston, Flora E. MacPherson, class of 1901, Carney Hospital, to Joseph L. Muldoon.

On June 10, at Boston, Josephine A. Murphy, class of 1898, Carney Hospital, to Dr. Timothy M. Shay.

On June 3, at Denver, Kathryn D. Leary, class of 1906, the Western Pennsylvania Hospital Training School for Nurses, to Carney Hartley.

On May 28, Lizzie M. Walker, class of 1892, Brooklyn Homeopathic Hospital Training School, to Parker Stiles of Englewood, New Jersey.

On May 8, at Pittsburgh, Eleanor D. North, class of 1906, Western Pennsylvania Hospital Training School for Nurses, to Paul E. Westhaeffer.

On June 6, at Greensburg, Pa., Mary Bortz, class of 1907, the Western Pennsylvania Hospital Training School for Nurses, to John F. McCullough, M.D.

On May 5, at St. Dominic's Church, Denver, Selina A. Chanvin, R.N., class of 1905, Illinois Training School, to John J. Flynn. They will live at Tomahawk, Wisconsin.

On June 27, at Brooklyn, N. Y., Sarah A. Terrill, class of 1894, Long Island College Hospital, to Joseph R. Hammond, M.D. They will live at Port Jefferson, Long Island.

On April 4, at Waterbury, Conn., Ella M. Murphy, class of 1904, St. Luke's Hospital, South Bethlehem, Pa., to George A. Sisson. They will live at Corregidor, Philippine Islands.

On July 11, in Trinity Chapel, Washington, D. C., Minnie T. Turner, R.N., class of 1907, New York Infirmary for Women and Children, to Sydney L. P. Dunott. They will live in Baltimore, Md.

On May 19, at Pasadena, California, Minnie A. Philippens, class of 1905, Maryland General Hospital Training School, and recently a member of the Army Nurse Corps, to Captain Clarence N. Purdy of the United States Army.

On June 20, at Lawville, Canada, Annie Ross, class of 1891, Hamilton City Hospital, and post-graduate, class of 1901, Woman's Hospital, New York City, to William Jardine. They will live at 57 Murry Street, East Hamilton, Canada.

On February 19, at Logan, Philadelphia, Pennsylvania, Margaret B. Freutsel, class of 1901, Jewish Maternity Hospital, Philadelphia, to Frederick W. Simon of Billings, Montana. They will live at Carnac and Louden Streets, Logan, Philadelphia.

DEATHS

At St. Barnabas Hospital, Newark, New Jersey, Mrs. Frank Adams, formerly Mary Macauley Farmer, a graduate of the Newark City Hospital.

Mrs. John Nichols (Lillian Carruthers), graduate of the Metropolitan Hospital Training School, Blackwell's Island, class of 1906, died at her home in Philadelphia, on May 15, 1908, after a very severe illness.

On Tuesday, June 30, at the Sunshine Sanatorium and Rest Home, Borough of Brooklyn, N. Y., of typhoid fever, Sarah E. Lindsay. Interment at Almer, Ontario, Canada. Miss Lindsay was a graduate of the Long Island College Hospital Training School, class of 1895.

At her home, Hoboken, New Jersey, April, 1908, after eight days' illness of typhoid fever, Edna M. McLaren, a graduate nurse of Mountainside Hospital, Montclair, New Jersey, class of 1897.

LAYING THE FIRST BRICK OF THE "EMILY C. SMITH NURSES' HOME," ELLIOT HOSPITAL, MANCHESTER, N. H., JUNE 20, 1908 (BY A NON-UNION WORKMAN).

HOSPITAL AND TRAINING-SCHOOL NOTES

THE new operating rooms of the Rhode Island Hospital were formally opened on June 25.

THE graduating exercises of the Moses Taylor Hospital, Scranton, Pa., were held on May 15 at the nurses' home.

MERCY HOSPITAL, Des Moines, is adding a large wing to the east of the main building. This will make the capacity about two hundred beds.

THE old Nurses' Home, in connection with the Methodist Hospital, Des Moines, has been torn down and a splendid new home is being erected on the old site.

MR. ODEN EDWARDS, for eleven years superintendent of the Methodist Episcopal Hospital, Broad and Wolf Streets, Philadelphia, has resigned. His successor is not yet named.

THE officers of the Central Dispensary and Emergency Hospital, Washington, D. C., expect by October to have found a site for a new and larger building than the present one. The government is to use that section for new public buildings.

THE Elliot Hospital, Concord, N. H., has a very complete maternity building just opened and is beginning work on a perfectly beautiful nurses' home to be called the "Emily C. Smith Nurses' Home," in honor of Miss Smith, a great friend of the "Elliot."

THE German Hospital of Brooklyn has in training four young Indian girls, and two more are expected in September. They are educated girls, with good manners; the superintendent believes they are going to make good nurses, and they are proving acceptable to the patients.

AN article in the Toronto *World* describes the thorough course given the pupil nurses in the Hospital for Sick Children. Each nurse has six weeks' instruction in the diet kitchen at the training school and then three months' practical experience in the hospital diet kitchen.

THE commencement exercises of the Lutheran Hospital Training School of La Crosse, Wisconsin, were held in the hospital building on June 12, when the following seven young ladies received diplomas and pins: Emily Gollin, Inga Qually, Ingeborg Lurde, Ella Rusch, Lydia Prelle, Bertha Berg, Emma Puls.

THE graduating exercises of the Rockford, Ill., Training School were held on the evening of May 28 at Mendelssohn Hall.

Nine nurses received their diplomas at this time: Hylah R. Bender, Ethel M. Bliss, Sophia C. Hotzel, Carrie C. McGrath, Lulu I. Wilson, Kathryn Prindiville, Myra Bausch, Ethel E. Bailey, Ethel Charnley.

THE hospital department of the Tabitha Home, of Lincoln, Nebraska, was dedicated on July 7, with two services held at 2 P.M. and at 7 P.M. The exercises consisted of music and addresses, the speakers being Rev. G. F. F. Mueller, president of the German Nebraska Synod; Hon. E. J. Burkett, United States Senator; Rev. J. E. Hummon of Omaha; and Hon. W. J. Bryan.

THE annual report of the Passavant Memorial Hospital, Chicago, states as a cause of unrest and disquiet that good applicants for the training school are lacking. Having heard that one reason for the shortage of probationers is the lack of comfortable accommodations for nurses, the hospital is proceeding to build a comfortable, attractive nurses' home, to take the place of several flats in which the nurses have been living.

THE twentieth annual report of the Morton Hospital, Taunton, Mass., tells of the enlarging of the visiting staff of physicians and the consequent necessity of employing an assistant superintendent of nurses. During the year a new double private room has been added through the refurnishing of the old office. The curriculum for the study of nurses is given and it is interesting to note that it contains a course of four lectures on chiropody.

THE graduating exercises of the Providence Hospital, El Paso, Texas, took place on May 14 at the Elks Home. The program consisted of music, address by Dr. Hugh Crouse, and the presentation of diplomas and badges by Dr. M. P. Shuster, president of the hospital. The superintendent of nurses is Miss Mary Finlayson, graduate of the Post-Graduate Hospital, Chicago. The graduates were: Josephine R. Young, New York; Mary E. Black, Missouri; Mary and Helga Hvidberg, New Mexico; Marie Sansome, Ontario.

THE graduating exercises of the Lakeside Hospital Training School for Nurses, Chicago, were held at the Masonic Hall on the evening of June 1. Addresses were given by Dr. C. G. Davis, and by Dr. Rachel Carr. The diplomas were conferred by Dr. A. R. Johnstone. The graduates were Mollie Hanson, Margaret Lewis, Clara Bartle, Florence Meloy, Agnes Reinmiller, Clara Leppla, and Hope Baker. A banquet was given by the Alumnæ Association at the Chicago Beach Hotel on May 30 in honor of the graduates.

MAJOR P. F. STRAUB, of the Medical Corps, U. S. A., has begun a campaign against tuberculosis in the War Department. Carpets are to be done away with and the feather duster follows, two agents very rightly decided to be most unsanitary. Some of the clerks averse to fresh air have kept windows and ventilators closed, not only endangering the health of those in the offices with them, but lessening their own powers of resistance to the disease. Dr. Straub, who is credited with several sanitary improvements since his appointment, expects to make monthly inspections to improve these conditions. Next winter Dr. T. S. Lee expects to lecture on tuberculosis to the clerks who are interested.

PERHAPS it is not generally known that treatment for rabies is given at the New Naval Hospital, Washington, D. C. On account of the increasing number of cases, a Pasteur Institute has been established by Surgeon-General Wyman of the Marine Hospital Service. The course of treatment is three weeks and is open to those needing it and not able to pay. The only thing necessary is to show a letter from the Health Department. The cost of the treatment is small, as the Agricultural Department gives the virus and the treatment is

given by Past Assistant Surgeon A. M. Stimson, an expert in the service. Over thirty patients have come under treatment, the majority being children, in most instances having been bitten by pet dogs.

THE graduating exercises of the Training School for Nurses of the Seattle General Hospital were held on the evening of June 3, at the Young Women's Christian Association Auditorium. Addresses were delivered by Dr. F. S. Bourns and Rev. Francis J. Van Horn, D.D. The valedictory was given by Annie L. Hosmer. Miss Evelyn P. Hall is superintendent of nurses. The graduates were: Frieda J. Peterson, Annie L. Hosmer, Anna Moore, Veva A. Watson, Lucy W. Wright, Clara Steen, Elva Allison, Dollie L. Lucas, Myrtle L. Huches, Adda W. Watson, Maria K. Palmen, Nellie K. Hill, Nellie A. McElmon, Katherine A. Creighton, Stella M. Jones. At the close of the exercises the graduating class and members of the training school received their friends informally.

THE graduating exercises of the class of 1908 of the City and County Hospital, St. Paul, Minnesota, were held at the nurses' home on the evening of May 26. After a short and interesting program, the diplomas were presented by Dr. Anker. Refreshments were served in the class room, followed by dancing. This is the second commencement to be held in the new home. The evening following the graduating exercises the annual alumnæ banquet given in honor of the graduating class was held. The guests included the class of 1908 and the faculty of the training school. The evening was delightfully informal and greatly enjoyed by all present. Miss Pace, 1904, was toastmistress; Miss Galevay, 1900, gave the toast to the class, which was responded to by Miss Anderson, 1908. There were other toasts by Mrs. Campbell, Miss Edwards and Miss Theobald.

THE annual report of Miss Snively, superintendent of nurses at the Toronto General Hospital, contains the following items of interest:

"The total number of applications received during the year has been 792. This number represents a total increase of 110 applications over that of the previous year.

"The present staff of the school consists of two assistants, one night supervisor, six graduate head nurses, ninety-four pupils and fifteen probationers, a total staff of one hundred and eighteen.

"The work of the hospital has been extremely arduous throughout the entire year, the number of operations alone amounting to 1641.

"Time has been also found for one hundred and ninety-two demonstrations, and fifty-five classes, by the superintendent of the school and her assistants, and one hundred and sixteen lectures and fourteen examinations by members of the visiting and house staff."

THE commencement exercises of the class of 1908 of the Presbyterian Hospital School of Nursing, New York City, were held on May 14. Hundreds of friends collected at the Florence Nightingale Hall at eight o'clock to enjoy these exercises which were as follows: a processional of superintendents, head nurses, and graduates, in order of their classes, from 1894 to 1907; next pupils of the school, and last the graduating class. Following this was a prayer by Rev. Edward B. Coe, D.D.; a song by Mendelssohn Quartette; the address—practical for not only the nurses but to possible patients of the future—by

John S. Billings, M.D. Music was sung again by the quartette. Then came the long hoped-for presentation of diplomas and badges by John S. Kennedy, Esq., president of the Board of Managers, and Frederick Sturges, Esq., chairman of School of Nursing Committee. The Mendelssohn Quartette sang another beautiful song, and the Rev. Edward Coe pronounced the benediction.

Not many minutes after these exercises were ended congratulations were given and refreshments were served. The evening ended with a dance and *Home Sweet Home.*

The names of the graduates follow; those marked with a star constitute the honor roll: Ada F. Benjamin,* Gertrude W. Drake, Annie E. Murray, Louise M. Marsh, Alice B. Boutwell,* Ethel D. Patton, Jessie W. Grant, Louise N. Courtright, Mary I. McClive, Nellie Meyers,* Nancy E. Yost, Effie M. L. Copeland, Jean G. Hayman,* Charity W. Lyon, Alice M. Upper, Elizabeth M. Phillips, Laura W. Todd,* Mary O. Boulter, Martha A. Winant, Caroline W. Bell,* Margery J. Lewis, Lillian Merrill, Mary Mitchell.

THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES

Written Examinations, June, 1908.

DIETETICS

1. *a.* Describe a starch grain. *b.* Outline the digestion of starch.

2. *a.* Name five nourishments. *b.* Outline preparation of one.

3. *a.* Discuss the nutritive value of beef-juice, beef broth, chicken broth. *b.* What cut of meat would you choose to make broth? Why?

4. Describe proper arrangement of an invalid's tray. Which points require special attention?

5. *a.* Define sterilization, pasteurization. *b.* How does sterilization modify milk?

ANATOMY AND PHYSIOLOGY

1. *a.* What takes place in the lungs during respiration? *b.* Name divisions, in order, of respiratory tract.

2. *a.* Give brief outline of the circulation of the blood. *b.* What important part do the capillaries play?

3. Where are the kidneys situated? State their function.

4. *a.* Name divisions of alimentary canal. *b.* How is the food carried from one part to another?

5. Of what is the nervous system composed?

ELEMENTARY HYGIENE AND BACTERIOLOGY

1. By what means are infectious diseases spread?

2. Explain the essential points necessary to insure a pure milk supply in a community.

3. *a.* Give the proper day and night temperature for a room for sick children, with the best way of regulating it. *b.* What daily care would you give the room in which you are nursing a case of measles?

4. Of what value as disinfectants are sunlight, steam, boiling water, and carbolic acid?

5. State the conditions required for a healthful house site, giving your reasons for such.

PRACTICAL NURSING

1. *a.* Describe in detail two methods used to reduce temperature in typhoid fever. *b.* What special care would you give a typhoid patient? *c.* Name three complications to watch for in nursing it. *d.* Method of disposing of excreta.

2. *a.* Give method of preparing and giving nutritive enemata. *b.* What care would you give an emaciated, restless patient to prevent bed-sores?

3. Under what circumstances is a sweat bath given? State method of giving; symptoms the nurse should watch for.

4. Give in detail two methods of applying moist heat to abdomen.

5. In going into a house where you suspect tuberculosis what steps would you take?

ANALYSIS OF URINE

1. *a.* Describe the appearance of normal urine. *b.* Describe the appearance of urine in the early stages of febrile diseases. *c.* What quantity of urine should be excreted under normal conditions in twenty-four hours?

2. How is the body benefited by the excretion of urine?

3. Give definition of the following terms: suppression, retention, albuminuria, hæmaturia, pyuria.

4. What is the most usual method used to increase the excretion of urine?

5. How would you collect and prepare a plain specimen of urine and a twenty-four-hour specimen of urine for the physician to examine?

MATERIA MEDICA

1. *a.* Name the chief preparations of the following drugs and give the average dose of each: strychnia; digitalis; belladonna. *b.* State the first symptoms of overdosing to be watched for and reported when giving these drugs.

2. *a.* What is the meaning of the term "cathartic"? *b.* Name three cathartics in common use, and give the average dose. *c.* How do you give a dose of salts; of castor oil?

3. How would you prepare and give a hypodermic dose of strychnia, gr. 1/120 from gr. 1/60 tablets; of morphia, gr. 1/6 from gr. 1/4 tablets?

4. How much turpentine should be used in preparing a turpentine stupe?

5. What should the nurse do in a case of opium poisoning until the doctor arrives?

INFECTIOUS DISEASES

1. State the stages in infectious diseases. At what stage of the disease is scarlet fever most contagious? Measles? Diphtheria?

2. What complications should a nurse guard against in nursing scarlet fever? Measles? Diphtheria?

3. *a.* To what extent is it allowable for a nurse to wear her uniform on the street? *b.* What precautions should the nurse take before going on the street when nursing a patient with an infectious disease?

4. How would you disinfect a room, its furnishings, and utensils after contagion? What would you use to disinfect the linen?

5. How would you prepare a patient who had had scarlet fever, so that it would be safe for the patient to go among other people?

OBSTETRICS

1. Mention some of the physiological changes, both local and general, that take place during pregnancy.

2. *a.* Outline the stages of labor. *b.* Nurse's usual duties during each.

3. *a.* Of what use is the colostrum? *b.* When does the mother's milk usually begin to flow, and of what is it composed?

4. *a.* Name some of the complications that may arise during pregnancy. *b.* Some that may occur during labor and during the puerperium.

5. In nursing a normal obstetrical case give outline of nurse's care of mother and baby during the first week.

GYNÆCOLOGICAL NURSING

1. Describe briefly the generative organs.

2. What is the chief danger associated with uterine hemorrhage at the time of the menopause?

3. State briefly a nurse's care for five days of a patient who had undergone an abdominal operation (no complications in the case).

4. *a.* What are some of the signs of hemorrhage after an abdominal operation? *b.* If remote from a doctor and these symptoms were manifested by your patient, what would you do?

5. Describe your technic and method of catheterizing a patient and cleansing stitches after a perineorrhaphy.

CHILDREN

1. Describe the care of babies' bottles and rubber nipples.

2. In case of convulsions what would the nurse do before the doctor arrives?

3. How would you calculate the dose for a child, the adult dose being known? How would you prepare a dose of castor oil for a child?

4. How large a nutritive enema would you give a child four years old? Twelve years old?

5. *a.* Is high fever (104° or 105°) in children always a dangerous symptom? *b.* How would you prepare a mustard bath for a child?

SURGERY

1. Give the nursing care for the first three days of a patient who had been operated on for appendicitis?

2. Give the preparation of normal salt solution for infusion in a private house.

3. What are the constitutional symptoms of severe hemorrhage? What could the nurse do until the arrival of the physician?

4. *a.* Why is carbonate of soda used in the water in which instruments are boiled? *b.* Can the skin be rendered perfectly sterile?

5. What are the chief complications that may occur after a surgical operation of any kind? What symptoms would you look for?

MEDICAL NURSING

1. Describe the nursing care of a typhoid fever patient. What precautions would the nurse take to prevent the spread of the disease, and in case of hemorrhage what would you do until the arrival of the physician?

2. In femoral thrombosis give the reason why you would keep the part elevated and perfectly quiet.

3. Describe the nursing care of a patient with acute nephritis.

4. How would a nurse differentiate between syncope and hysteria?

5. What are the symptoms of epilepsy? Give the nursing care of such a patient.

PRACTICAL SUGGESTIONS

THE CARE OF A NERVOUS PATIENT

By EMILY MEADS
Toledo, Ohio

HAVING lately had a little experience in nervous exhaustion, and having learned many thing during that very trying time, I thought perhaps a few lines on the subject might be of interest to the JOURNAL'S numerous readers.

Were I teaching a class of undergraduates on this subject I should say: "Write a fresh headline on your chart each morning, 'This patient *needs rest*, not entertainment.'"

After eleven years' experience as a nurse I feel justified in saying there are few things as little understood by nurses and friends generally as this most trying condition. No one is to blame for that, as no two patients are alike, even though, superficially, conditions may appear somewhat similar. For instance, where I was cared for the gastric test charts of two patients looked very much alike. Both patients had worked hard in their respective occupations and both were of a hopeful disposition. The younger woman of the two, upon very little provocation, would become hysterical, crying, and expending every scrap of nervous energy which otherwise might have helped her towards recovery. She could sleep whenever opportunity occurred, but had no muscular energy. For a long time she had to be wheeled in a chair wherever it was necessary for her to go. In the other case the patient had, apparently, complete control over herself unless spoken to abruptly upon some subject which required concentration of thought. That would seem to overwhelm her, and she would ask to be excused from answering, in words more emphatic than polite. This patient could walk for an hour or an hour and a half without feeling very tired, if she could lie down for about the same length of time as soon as she returned; but in this instance sleep was hard to get, one thing after another being tried with little, if any, result. As her general condition improved, sleep returned, and never was anything more eagerly longed for.

As one noted writer expresses it: "This nervous exhaustion is not

a distinct pathological entity, but a group of symptoms due to various etiological influences and connected with various morbid states." So many things seem to give out at once, leaving the patient in anything but an enviable condition.

It would be an endless task to attempt to enumerate all the various symptoms which might present themselves, but I think, in many cases, the stages occur in this order: 1, Irritable or excitant; 2, despondent or exhaustive; 3, return of nerve energy.

If a nurse realizes that these stages have to be passed through, she will understand what torture it is for a patient to feel she must talk, to be polite, when every breath is needed to help regain that precious possession, nerve energy.

In the care of such disorders, the attending physician's orders must, of course, be carried out implicitly. If, as sometimes happens, the nurse is allowed a great deal of liberty for her own methods, I might suggest that she keep the bowels open, with a daily enema if necessary. Try to improve the circulation with a daily bath, followed by rubbing. Keep the feet warm. If one or two hot water bottles do not accomplish this, try putting the feet in water as hot as can be borne, increase the heat, keep the feet in water from five to fifteen minutes and follow by pouring cold water over them or dip them in a pan of cold water for a few seconds, then dry thoroughly. Be sure the feet are warm when the patient settles down for the night, always keeping a hot water bag within reach of the feet. Keep friends out of the room. Few people realize how hard it is to talk or be talked to when the nerves are "off duty." Do not be afraid of fresh air; that is the best tonic. Deal with the patient as kindly and gently as possible.

So many nurses lack imagination. I was asked by more than one young nurse: "What does it feel like to have nervous exhaustion and what are the symptoms?" Of course a graduate nurse would know better!

In the matter of diet, use common sense. Remember that the stomach is usually more or less impaired and it is what is digested rather than what is eaten which builds up the nerve-cells.

Keep the patient encouraged. If necessary remind her the breakdown has been a long time coming on and the rebuilding process is necessarily slow. Assure her that her mental attitude has much to do toward recovery. Let her see that her nurse is a friend who has her patient's interest at heart.

Should these suggestions in any way help some afflicted sufferer my experience will not have been in vain.

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON

ROTUNDA MIDWIFERY. For Nurses and Midwives. By G. T. Wrench, M.D., late Assistant Master Rotunda Hospital. With an Introduction by The Master of the Rotunda Hospital, London. Henry Frowde. Oxford University Press. Hodder & Stoughton, Warwick Square, E. C.

This book, most valuable teaching in its line, suffers a considerable depreciation by transportation from the country of its production. There is in America no class of midwives as they are known and licensed and governed by proper authority in England. The midwife class in America is not given to the reading of books, and what reading they do is not likely to be English. The professional shingle usually sets forth its owner's merit in Yiddish, German, or Italian. The author discusses and exhaustively considers the subject of midwifery from the midwives' point of view, and although the nurse may read the book with great profit, the fact remains that it is not written to or for nurses. It is addressed to women ignorant of knowledge of anatomy, physiology and general nursing. These women are supposed to be highly educated in matters mechanical and skilful and expert in the conduct of a case of labor.

The book is written largely in the form of question and answer,—leaving small latitude for the exercise of mental function,—as the following quotation suggests:

"What is abnormal labor? Abnormal labor includes (1) all cases of vertex presentation in which the child and afterbirth are not delivered without complications within twenty-four hours, and (2) all other presentations whether complicated or delivered without complications."

But if it is too learned and overtechnical for the nurse, and entirely beyond the comprehension of the American midwife, it is sure to prove a boon to the young practitioner. The volume is of convenient size, beautifully bound and printed, and to the younger and less experienced members of the medical profession may probably become most acceptable reading. It is a pity, however, that so much valuable

information should be delivered in such a personal, fussy, and condescending manner. One never is allowed to forget that the author addresses an inferior order of being.

LECTURES ON MEDICINE TO NURSES. By Herbert E. Cuff, M.D., Late Superintendent, North Eastern Fever Hospital, Tottenham, London. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut St.

This book is compiled from a set of lectures delivered to nurses, and while one feels that there are other lectures which preceded and that there are more to come, the book is very interesting reading and full of good hints on the subject of medical nursing. Each chapter is complete in itself and has little or no bearing on any other chapter. For instance, the first chapter, lesson, or lecture, is on "Germs and Infection;" the second, is on the use of stimulants in cases of acute illness, the third on the feeding of infants, the fifth on the pulse, later on come specific fevers, etc. The diseases are discussed as to their cause, location, symptoms, length of duration, complications, prognosis, treatment, diet, stimulants, management of convalescence, disinfection after contagious diseases, etc. Nothing new, yet all the old points interestingly reviewed and forgotten things recalled to mind; just the brushing up one needs if one has become rusty or if one feels in danger of being relegated to the place of "a back number" and wishes to avoid this awful fate.

COMING MOTHERHOOD. By Louis M. Spaeth, M.D., Philadelphia. Published by the Author, and for Sale at the Shop of Peter Reilly, 133 North Thirteenth Street.

This little book is especially addressed to young and expectant mothers. It treats of the physiological changes incident to parturition and the attendant symptoms of the same, but in the most simple language possible. The book is absolutely free of long-named, terrifying technical terms and lacks the usual alarming plates. Here are no instructions to the obstetrical nurse, no teaching for the student. Very briefly the signs of pregnancy are stated, its duration reckoned; the reflex changes due to the condition, and the disorders which sometimes accompany it are noted and commented upon, with reassuring simplicity. The latter part of the little volume concerns itself with the rearing of the infant and has some useful hints on clothing, diet, general hygiene, etc.

CHANGES IN THE ARMY NURSE CORPS

RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE MONTH ENDING JULY 14, 1908

BAKER, ELMA, formerly on duty at General Hospital, Presidio of San Francisco, California, discharged.

BOLDT, LOUISE C., graduate of Farrand Training School, Harper Hospital, Detroit, Michigan, 1907, appointed and assigned to duty at General Hospital, Presidio of San Francisco.

HALLOCK, MARY H., transferred from Division Hospital, Manila, to Zamboanga, Mindanao, P. I.

HOWARD, CARRIE L., transferred from General Hospital, Presidio of San Francisco, to temporary duty on the *Crook* to Alaska and return, to former station.

MOORE, MARGARET, transferred from Zamboanga to Division Hospital, Manila, P. I., thence to the United States for duty.

MORRIS, HANNAH P., transferred from Division Hospital, Manila, P. I., to Zamboanga, Mindanao, P. I.

PHILIPPENS, MINNIE A., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

PRINGLE, MARTHA E., chief nurse, General Hospital, Fort Bayard, New Mexico, on leave prior to discharge.

RONEY, KATHLEEN V., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

SAGAR, SARAH E., graduate of Trinity Hospital Training School, Milwaukee, Wisconsin, 1906; appointed and assigned to duty at General Hospital, Presidio of San Francisco.

SELOVER, CLARA M., transferred from Zamboanga to Division Hospital, Manila, P. I., thence to United States for duty.

THOMPSON, DORA E., chief nurse, General Hospital, Presidio of San Francisco, transferred to temporary duty on the transport *Crook* to Alaska and return, to her former station.

WAHLS, MARGARET T., graduate of Newark German Hospital, Newark, New Jersey, 1905; appointed and assigned to duty at General Hospital, Presidio of San Francisco, California.

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